S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6535
Registrar's No. 2195

Registration District No. 318 Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3131 Belle Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Franklin Jeffries
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race Col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 8 (Month) 1881 (Day) (Year)

8. AGE: Years 66 Months 5 Days 20 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) La (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name John H. Jones
13. Birthplace St. Joseph (City, town, or county) La (State or foreign country)
14. Maiden name Mattie Coleman
15. Birthplace St. Joseph (City, town, or county) La (State or foreign country)

16. (a) Informant Mattie Sellers
(b) Address St. Joseph La
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-4-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J. H. Handle & Son
(b) Address 3133 Belle Ave
19. (a) MAR 3 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 28 year 1948 hour 6 minute 40 a M.

21. I hereby certify that I attended the deceased from Feb. 20, 1948 to Feb. 28, 1948 that I last saw her alive on Feb. 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Undet.
Cerebral Hemorrhage	"
Due to	
Due to	
Other conditions Early Lobar Pneumonia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Oscar L Daniels M. D. or other
Address 2601 N Whittier Date signed 3/2/48

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed S. J. Waters

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.