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FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10624

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1818

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. Louis
c. LENGTH OF STAY (in this place) 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY ST. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lovejoy, 0930
d. STREET ADDRESS (If rural, give location) 317 WASHINGTON

3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) c. (Last) Jeffries

4. DATE OF DEATH (Month) Feb. (Day) 22 (Year) 1950

5. SEX Female 3
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3
8. DATE OF BIRTH FEB 18, 1903
9. AGE (In years last birthday) 47 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY PRIVATE FAMILY
11. BIRTHPLACE (State or foreign country) TALIAHATCHIE COUNTY, MISS
12. CITIZEN OF WHAT COUNTRY? U.SA

13a. FATHER'S NAME George McNeal
13b. MOTHER'S MAIDEN NAME ELIZABETH STILLMAN
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME AUGUSTA H. JONES — ADDRESS 317 WASHINGTON Lovejoy, Ill.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalomyelitis (acute) — INTERVAL BETWEEN ONSET AND DEATH Undet.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undetermined VIRUS?
DUE TO (c) (Supplementary report)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 343 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-19, 19 50, *to* 2-22, 19 50, *that I last saw the deceased alive on* 2-22, 19 50, *and that death occurred at* 8:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE Herbert J Ernest (Degree or title) M. D.
23b. ADDRESS 2601 N Whittier St
23c. DATE SIGNED 2-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 5
24b. DATE FEB. 24, 1950
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) EAST ST. LOUIS, Illinois

DATE REC'D BY LOCAL REG. FEB 24 1950
REGISTRAR'S SIGNATURE J. B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE J L Marshall — ADDRESS 2205 MISSOURI EAST ST LOUIS, ILL.

(Licensed Embalmer's Statement on Reverse Side)

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

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~~ .....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Thomas M. Hudson

Signed.....
Student Embalmer

Licensed Embalmer No. 4479

P. O. Address [redacted] St Louis, [redacted]

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

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