

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24911**
Registrar's No. **6193**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 20 yrs		d. STREET ADDRESS (If rural, give location) 1353 A. N. Garrison Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1353A N. Garrison Ave.		d. STREET ADDRESS (If rural, give location) 1353 A. N. Garrison Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Gussie b. (Middle) Jefferson c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) July, 16, 1950	
5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 12, 1893
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Grand Junction, Tenn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Sam Mathis		13b. MOTHER'S MAIDEN NAME Maria Clara	14. NAME OF HUSBAND OR WIFE John Jefferson
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.	17. INFORMANT'S SIGNATURE OR NAME John Jefferson ADDRESS 1353A. Garrison Ave
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, asphyxia, etc. It means the disease, injury, or complications which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES _____ DUE TO (b) Pulmonary Edema DUE TO (c) congestive II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Failure (Heart)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H2H.1	
22. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:55 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Walter Perry Deputy Coroner		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 7/17/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/19-50	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem	24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.
DATE REC'D BY LOCAL REG. JUL 18 1950	REGISTRAR'S SIGNATURE J. B. Slocater	25. FUNERAL DIRECTOR'S SIGNATURE Wright's Funeral Home ADDRESS 3180 East	

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

161

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Arthur L. Hellard

Student Embalmer _____

Licensed Embalmer No. 4221

P. O. Address 4049 St. Ferdinand

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.