

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29105

FILED SEP 7 1951

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>3000</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Eureka</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eureka</u>		<u>4990</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None, N*-Central Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>N-Central</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Andrew</u>		b. (Middle) <u>Nathaniel</u>		c. (Last) <u>Jeffries</u>	
4. DATE OF DEATH		(Month) <u>Aug.</u>		(Day) <u>28</u>		(Year) <u>1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>		8. DATE OF BIRTH <u>Feb. 7-1894</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor (RETIRED)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Govt. Supply Depot</u>		11. BIRTHPLACE (State or foreign country) <u>Stanton Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Isaac Jeffries</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Houser</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-22-5514</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lulu Hawkins Eureka Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cause unknown</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>7955</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unk.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Herbert R. Donke</u> (Degree or title) <u>Local Registrar, Vital Statistics</u>				23b. ADDRESS <u>651 S. Brentwood, Clayton, Mo.</u>		23c. DATE SIGNED <u>8-28-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-30-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Allenton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-28-51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donke Mod</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home Ballwin, Mo.</u>			

(Licensed Embalmers' 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.....  
Student Embalmer

Signed

*H. Schradew*

Licensed Embalmer No. *3066*

P. O. Address *Baltimore, Md.*

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.