

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15837

State File No. 4110

FILED MAY 15 1953

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON 3, MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI PACIFIC HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>7524 Cromwell Drive</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u> b. (Middle) <u>C.</u> c. (Last) <u>JEFFRIES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 19 1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept 27, 1893</u>
9. AGE (In years last birthday) <u>59</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Rudolph Haber</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Teckenberg</u>	
14. NAME OF HUSBAND OR WIFE <u>Late George P. Jeffries</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Ogle 7524 Cromwell Dr.</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>CARCINOMATOSIS, generalized</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma left breast</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>4-7-47</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma left breast</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>0 yrs</u> <u>6 yrs</u>	
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? <u>170X</u>	
22. I hereby certify that I attended the deceased from <u>March 15, 1953</u> , to <u>April 19, 1953</u> , that I last saw the deceased alive on <u>4-18, 1953</u> and that death occurred at <u>3:45pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Johna Carrier, M.D.</u>		23b. ADDRESS <u>462 N Taylor - ST LOUIS, MO</u>	
23c. DATE SIGNED <u>4-22-53</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-22-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sunston Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>APR 20 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Blvd</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Richard H. Stovesand

Licensed Embalmer No. _____

4007

P. O. Address _____

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.