

STANDARD CERTIFICATE OF DEATH

10148

State File No.

BIRTH NO. **FILED APR 2 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2706**

1. PLACE OF DEATH a. COUNTY St Louis Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 219	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		d. STREET ADDRESS (If rural, give location) 11 4292 St. Louis Ave	

3. NAME OF DECEASED (Type or Print) Lucille Irene Jefferson			4. DATE OF DEATH (Month) (Day) (Year) Ma rch 20 1954		
5. SEX Female 3	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 21 April 1914		9. AGE (In years last birthday) Months Days Hours Min. 39 11 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo 0	
12. CITIZEN OF WHAT COUNTRY? Yes					

13a. FATHER'S NAME Adrian Jefferson		13b. MOTHER'S MAIDEN NAME Edna White		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Adrian Jefferson 4292 St. Louis	

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 complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Redema of Glottis			
				DUE TO (c) Necrotic Ulcer of Tongue			
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.							

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) 538x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 19, to 19 19, that I last saw the deceased alive on 19 19, and that death occurred at 356 P. m., from the causes and on the date stated above.

23a. SIGNATURE Patrick F. Taylor, Coroner		(Degree or title)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3. 24. 54.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/25/54		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
DATE REC'D BY LOCAL REG. MAR 24 1954		REGISTRAR'S SIGNATURE Herman J. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Herman J. Smith		ADDRESS 4247/w Labadie Ave	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. S. Jordan

Licensed Embalmer No. 3489

P. O. Address 4575 Alden

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.