

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36486**

FILED OCT 24 1956

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **541** Registrar's No. **24120**

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town) Clayton		c. LENGTH OF STAY (in this place) 9 days	c. CITY OR TOWN Saint Charles
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Louis County Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Emmer b. (Middle) R. c. (Last) Jeffries		4. DATE OF DEATH (Month) (Day) (Year) 10 14 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 16, 1894
9. AGE (In years last birthday) 61		10. UNDER 1 YEAR (Months) 10	11. UNDER 1 HRS. (Hours) 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John P. Jefferies	
13b. MOTHER'S MAIDEN NAME Lillian Fox		14. NAME OF HUSBAND OR WIFE Norma Bart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) W.W. # 1		16. SOCIAL SECURITY NO. 496-14-3556	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Wayne Jolliff, Gilmore, Mo.		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>		443X	
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)	
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 10-8, 1956 , to 10-14, 1956 , that I last saw the deceased alive on 10-14, 1956 , and that death occurred at 6:05 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE S. E. P. M.D. (Degree or title)		23b. ADDRESS 601 S. BRENTWOOD.	
23c. DATE SIGNED 10-14-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Oct. 16, 1956		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	
24d. LOCATION (City, town, or county) (State) Mexico, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE W. C. Dellmywood, St. Charles, Mo.	
DATE REC'D BY LOCAL REG. 10-15-56		REGISTRAR'S SIGNATURE Herbert R. Donahue	
ADDRESS		ADDRESS	

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

9267 67 1037

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..... Signature of Student Embalmer

Signed..... Frank R. Amalson

Licensed Embalmer No. 489

P. O. Address..... St. Charles

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.