Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031191
STATE FILE NUMBER

FILED AUG 22 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2168

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY OR TOWN Clayton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) County Hospital — Length of stay in 1b 3 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST LOUIS
c. CITY OR TOWN ELWOOD PARK 4000 ~~Clayton~~ — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS 1411 ZIMMERMAN (If outside, give location) ~~County Hospital~~ — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Rosetta Middle Last Jeffers
4. DATE OF DEATH Month 8 Day 14 Year 1958
5. SEX Famale 3
6. COLOR OR RACE Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH 11-6-1899
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY ~~None~~ At home
11. BIRTHPLACE (City and state or country) Memphis, Tennessee
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME J. Vernon
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Unknown
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. None
17. INFORMANT Louis Davis 1411 ~~Zubbermah~~ ZIMMERMAN Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Pulmonary Edema.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease
DUE TO (c) 443X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-11-1958, to 8-14-1958 and last saw her ~~him~~ alive on 8-14-1958
Death occurred at 5:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Roger Christensen (Degree or title) M.D.
22b. ADDRESS 601 S. BRENTWOOD Blvd.
22c. DATE SIGNED 8-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8/21/58
23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR E. B. Koonce. ADDRESS 1221 N. Grand
25. DATE RECD. BY LOCAL REG. 8-19-58
26. REGISTRAR'S SIGNATURE Herbert P. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Melvin Blankenship

Licensed Embalmer No. 3962

P. O. Address 1221 N. Gre

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.