

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016061

STATE FILE NUMBER

FILED MAY 7 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1011

300  
1-57  
5  
93  
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1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS @ Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>ST LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COUNTY HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>3521 FAIR AVE</u>	
Length of stay in lb <u>HRS</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE CARL JEFFREY</u>			4. DATE OF DEATH Month Day Year <u>4 13 1959</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 26, 1899</u>		9. AGE (In years last birthday) <u>60</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ALUMINUM LABORER</u>		11. BIRTHPLACE (City and state or country) <u>PARIS TENN</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>POLLEY JEFFREY</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY MORRIS</u>		14. NAME OF HUSBAND OR WIFE <u>NINA JEFFREY</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>329-10-3871</u>		17. INFORMANT Address <u>NINA JEFFREY 3521 FAIR</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-Vascular Thrombosis - Acute</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
DUE TO (b) <u>Marked Cerebral Arteriosclerosis</u>			
DUE TO (c) <u>Generalized Arteriosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Heart Disease ; Thrombosis Left Vertebral Artery</u>			19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>332x</u>	
20c. TIME OF INJURY Hour Month, Day, Year o.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 4-12-1959 to 4-13-1959 and last saw him alive on 4-13-1959  
Death occurred at 4:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. H. Garrison, Jr. M.D.</u> (Degree or title)		22b. ADDRESS <u>601 S. Brentwood Blvd.</u>		22c. DATE SIGNED <u>4-14-59</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>APR 16 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>YALLA HALLA</u>		23d. LOCATION (City, town, or county) (State) <u>BELLVILLE ILL.</u>	
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24. FUNERAL DIRECTOR <u>Dre'mann Harris</u>		ADDRESS <u>1905 N. Union</u>		25. DATE RECD. BY LOCAL REG. <u>4-14-59</u>		26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification  
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 *C. R. Thompson*

Licensed Embalmer No. *4737*

P. O. Address *1905 Union St.*

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.