

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-021751
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5519**

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 7 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis, Mo.** Length of stay in 1b

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location)
HOSPITAL OR INSTITUTION **City Hospital** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location)
1623 North 25th Street Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year

Sip Jefferson **5 - 21 - 63**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **8-18-1920** 9. AGE (last birthday) **42**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Truck Driver** 10b. KIND OF BUSINESS OR INDUSTRY **McKinley Iron Co. Blerman Iron Co.** 11. BIRTHPLACE (City and state or country) **Lexington Miss.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Jeff. Jefferson** 13b. MOTHER'S MAIDEN NAME **Lucy Auston** 14. NAME OF HUSBAND OR WIFE **Esther Jefferson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of No. 16. SOCIAL SECURITY NO. 17. INFORMANT Address **Esther Jefferson 1623 North 25th St.**

18. CAUSE OF DEATH (Enter only one cause, per Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **Congestive Failure (Heart)** INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **434.1** DUE TO (c)

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES 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. Month, Day, Year a.m. p.m.

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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Joseph Jefferson Deputy Coroner** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **5-24-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removed** 23b. DATE **5/24/63** 23c. NAME OF CEMETERY OR CREMATORY **Washington Park** 23d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

24. FUNERAL DIRECTOR ADDRESS **Wm. Smith 4019 Washington** 25. DATE RECD. BY LOCAL REG. **MAY 24 1963** 26. REGISTRARS SIGNATURE **Loan Smith M.D.**

VS 300 Rev. 4/59

1 **2009**

2 **2209**

3

4 **2**

5 **1**

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7 **1**

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11

12 **75-3**

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

ITEM NO. SHOULD READ

75

USE BLACK INK OR TYPEWRITER RIBBON

10-10-52

100

No.

St. Louis Mo.

1023 North 25th Street

2 - 21 - 52

Jefferson

8-18-1950

U. S. A.

Strain Iron Co. Lexington Miss.

Esther Jefferson

Lucy Jackson

Esther Jefferson 1023 North 25th St

852-46-0400

St. Louis Mo.

City Hospital

Stp

Male

Male

Truck Driver

Jeff. Jefferson

No.

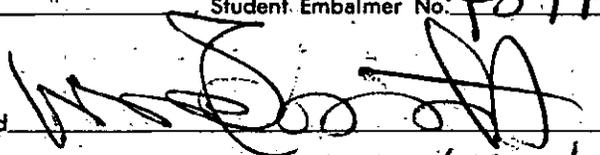
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

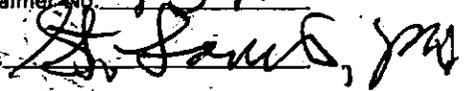
or by _____ Student Embalmer No. ~~4371~~

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 4371

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

Remove

Washington 1014 P.O. District W.M.