

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County .....

Registration District No. 797  
1000

Township .....

Primary Registration District No. ....

City St. Louis (No. 5631) Maple av

File No. 3477

Registered No. 395

St. .... Ward)

**2. FULL NAME** Catherine Jenkins

(a) Residence, No. .... St. 5 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Jenkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1834

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
abr. 99 - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

13. NAME Thos Ryan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IL IL

17. INFORMANT Mrs Henrietta Jenkins (ADDRESS) 5631 Maple av

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan 13<sup>th</sup> 1933

19. UNDERTAKER Arthur J. Donnelly and Co (ADDRESS) 2034<sup>th</sup> Ward St 11

20. FILED JAN 11 1933 Wm Estabrook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933, to Jan 10, 1933  
I last saw him alive on Jan 10, 1933. Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

Broncho. Pneumonia. Date of onset 1/4/33.

Other contributory causes of importance: Senility.  
acute Bronchitis

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify .....

(Signed) Wm J. Langan, Jr, M. D.  
(Address) 5803<sup>rd</sup> Pl. North av.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

V. B. No. 2.

31 15 51

1900 W. J. Langen Jr

5803 Plymouth St