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APR 9 1935

City License 1407

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

Do not use this space.

10732

File No.

Registered No. 2351

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City Saint Louis (No. 4115 Finney Avenue St. Ward)

2. FULL NAME Florence Jenkins

(a) Residence, No. 4115 Finney Avenue St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21st, 1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
39	11	18	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 8/14/34

11. Total time (years) spent in this occupation Abt 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri

FATHER

13. NAME Charles Jenkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Texas

MOTHER

15. MAIDEN NAME Belle Jeffries

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Georgia

17. INFORMANT Mrs Belle Jenkins
(ADDRESS) 4115 Finney Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cemetery Mar. 12, 1935

19. UNDERTAKER Charles J. Bates
(ADDRESS) 4107 Finney Avenue

20. FILED MAR 11 1935, 19 J. H. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1934, to Mar 9, 1935

I last saw her alive on March 9th, 1935 Death is said to have occurred on the date stated above, at 3 P.M.

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

	Date of onset
General carcinomatosis following carcinoma of left breast	8/15/34

Other contributory causes of importance:

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?
If so, specify

(Signed) M. J. Pullman, M. D.
(Address) University Club Building

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.

106M-11-24-33