

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.

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

Do not use this space.

90150
APR 9 1935

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis Mo* (No. *City Hospital 2*)

Registration District No. *791*
Primary Registration District No. *10037*

File No. *11293*
Registered No. *2951*
Ward

2. FULL NAME

(a) Residence, No. *2110 - Sangre St.* *22* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *11* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Negro</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 25th 1900</i>				
7. AGE	YEARS <i>35</i>	MONTHS <i>0</i>	DAYS <i>10</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Housework</i>			
	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) <i>La.</i>				
FATHER	13. NAME <i>Austin Jenkins</i>			
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>La.</i>			
MOTHER	15. MAIDEN NAME <i>Fanny Montgomery</i>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>La.</i>			
17. INFORMANT (ADDRESS) <i>Judy Verdant 3945 - Lawton Blvd</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Dr. Dickson</i> DATE <i>May 30</i> 19 <i>35</i>				
19. UNDERTAKER (ADDRESS) <i>English Undert Co 2931 Poyas Ave</i>				
20. FILED <i>MAR 30 1935 J. Brebeck</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 26th 1935*

22. I HEREBY CERTIFY, That I attended deceased from *3 - 25 - 1935*, to *3 - 26 - 1935*. I last saw her alive on *3 - 26 - 1935*. Death is said to have occurred on the date stated above, at *11:59 A.*

The principal cause of death and related causes of importance were as follows:
Acute Intestinal Obstruction Date of onset *3-25-35*
Due to post-operative adhering following pelvic operation

Other contributory causes of importance:
History of all operation unknown to doctor. Cause by adhesions caused by previous operations as an autopsy?

23. If death was due to external causes (violence) fill in also the following: (Specify city or town, county, and State)
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? previous operation unknown

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 *William H. Sinkler, M.D.*
(Signed) *2945 - Lawton Blvd*
(Address)

