

JAN 13 1936

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

Do not use this space.

41640

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis No. Barnes Hospital

File No.

Registered No. 10884

St. Ward)

2. FULL NAME Gertrude Jenkins

(a) Residence, No. 2958 Scott St., 18 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 41 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11 - 1910

7. AGE YEARS 25 MONTHS 1 DAYS 28 IF LESS than 1 day, hrs. or min.

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

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) Tennessee

MOTHER 13. NAME Alex Phillip

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Tenn

15. MAIDEN NAME Lillie Phillip

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Tenn

17. INFORMANT Anderson Jenkins

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnes Hospital DATE 12-26 1935

19. UNDERTAKER Tanner and (ADDRESS) 2934 Scott St

20. FILED DEC 23 1935 J. P. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1935

I HEREBY CERTIFY That I attended deceased from Dec. 19 1935, to Dec 19 1935
I last saw h. aw alive on Dec 19 1935 Death is said

to have occurred on the date stated above, at 5:40 p.m.

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

Pelvic Thrombophlebitis Date of onset 12-1-35
(Post-partum)
Septic Infarct of Lung 12-8-35
Pulmonary Embolism 12-9-35

Other contributory causes of importance: 148

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? ye

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 1935

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) W. S. G. G. G. M. D.
BARNES HOSPITAL
(Address)

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.

