1860.

JAN 10 1936

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

Do not use this space.

41814

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11063

City St. Louis (No. En Route City Hospital #1 St. ..... Ward)

2. FULL NAME Ivan C. Jenkins

(a) Residence, No. 1307 Vandeventer (rear) St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
9	39	10	0	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 194

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 216

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

FATHER

13. NAME Layfayette Jenkins

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

MOTHER

15. MAIDEN NAME Lula Ledbetter

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

17. INFORMANT (ADDRESS) Bessie Jenkins 1307 Vandeventer (rear)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset DATE 12-30 1935

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4104 Manchester

20. FILED DEC 28 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:30 A.m.

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

	Date of onset
Fractured Skull Laceration of Brain, Ruptured Liver received when struck by an auto while deceased was alighting	
Other contributory causes of importance: from street car in St. Louis, Mo.	
Accident	200

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 12/27 1935

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Public Place

Manner of injury Struck by auto

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) John J. Sweeney, M.D.

(Address) Deputy Coroner 12/28/35

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.

100M-3-28-35