

MAY 7 1937

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

Do not use this space.

14144

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City

ST. LOUIS

(No. CITY HOSPITAL #2

File No. 3640

Registered No.

St.

Ward)

## 2. FULL NAME

RICHARD JENKINS

(a) Residence, No. 4222 EASTON 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 1 yrs. 1 mos. 13 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 COLORED SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 17-1936

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

1

1

13

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.

NIL

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

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

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

13. NAME RICHARD JENKINS

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

15. MAIDEN NAME GERTUDE CHITTS

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

17. INFORMANT RICHARD JENKINS (ADDRESS) 4222 EASTON AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE GREENWOOD DATE 4/5/37

19. UNDERTAKER CW ROBERTS AND CO (ADDRESS) 3035 LUCAS AVE.

20. FILED APR 5 1937 J. T. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/2/37

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 3:20 p.m.

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

Bilateral Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Cryptorchidism

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

What test confirmed diagnosis?..... Was there an autopsy? No

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) Alfred J. Perry M.D.

(Address) Deputy Coroner

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.

