

OCT 14 1937

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

Do not use this space.

33056

1. PLACE OF DEATH St. Louis Maternity Hospital

County

Registration District No.

791
1003

File No.

Township

Primary Registration District No.

Registered No. 9110City Saint Louis, Missouri (No. St. Ward)2. FULL NAME Infant Jenkins(a) Residence, No. 1425 3rd

(Usual place of abode)

Cook Avenue St. 11 Ward.

(If nonresident, give city or town and State)

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

Male

4. COLOR OR RACE

Colored5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

9-25-37

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.Stillborn

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.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri
(STATE OR COUNTRY)

FATHER

13. NAME Lee James Jenkins14. BIRTHPLACE (CITY OR TOWN) Shubuta, Miss
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Pauline Legerttha Lewis16. BIRTHPLACE (CITY OR TOWN) Meridian, Miss
(STATE OR COUNTRY)17. INFORMANT Lee James Jenkins
(ADDRESS) 1425 3rd Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Anatomical Board DATE 9/20/3719. UNDERTAKER Dept of Public Health
(ADDRESS) Washington Ave

20. FUNERAL

St. Louis Maternity

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from

9/251937, to 9/251937I last saw him alive on Born dead, 19..... Death is saidto have occurred on the date stated above, at 7:00 p.m.

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

Date of onset

Stillborn

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

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) H. Hauptman

M. D.

(Address) St. Louis Maternity

SEP 29 1937

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.

