

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35619

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township **St. Louis** Primary Registration District No. **1003** Registered No. **9196**
 (c) City (d) Street No. **City Hospital No. 1** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

C. 9267 Margaret Jenkins
 (a) Residence, No. **1318 Pendelton** St. **11** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 16, 1866**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
 9. Industry or business in which work was done, as 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) **Jerseyville**
 (STATE OR COUNTRY) **Illinois**

13. NAME **John Cuddihee**

14. BIRTHPLACE (CITY OR TOWN) **Ireland**
 (STATE OR COUNTRY)

15. MAIDEN NAME **Mary Quinn**

16. BIRTHPLACE (CITY OR TOWN) **Ireland**
 (STATE OR COUNTRY)

17. INFORMANT **Hosp. Info M. Kent**
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Jerseyville, Ills. Oct. 2, 1937**

19. FUNERAL DIRECTOR **Arthur J. Donnelly Undt.**
 (ADDRESS) **3840 Lindell Blvd.**

20. F. **OCT 19 1937 J. J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/29/37** 19

22. I HEREBY CERTIFY, That I attended deceased from **9/25/37** 19 to **9/29/37** 19

I last saw him alive on **9/29/37** 19 Death is said to have occurred on the date stated above, at **4.50 p**
 The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction due to Carcinoma of Sigmoid Colon

Other contributory causes of importance:

Auricular Fibrillation

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? 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 **7 W. Sugar** M. D.

(Signed) **City Hospital No. 1**

STATEMENT BY LICENSED EMBALMER

I, Stanley Marchlewski, Licensed Embalmer No. 2868

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Stanley Marchlewski

Licensed Embalmer No.

2868

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)