NOV 15 1937

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

35717
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 9294

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis.
(d) Street No. St. Johns Hospital. 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 William H. Jenkins.
(a) Residence, No. 5631 Maple Ave. St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 28, 1908.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
29	7	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as 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) St. Louis. Mo.

FATHER
13. NAME Thomas M. Jenkins.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York.

MOTHER
15. MAIDEN NAME Henrietta Healy.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

17. INFORMANT Mary C. Jenkins,
(ADDRESS) 5631 Maple Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Oct. 6, 1937

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

20. FILED OCT 4 1937 19 J. J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29th, 1937, to Oct. 3rd, 1937
I last saw him alive on Oct 3, 1937. Death is said to have occurred on the date stated above, at 10.10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Lobar Pneumonia (Type I)	9/29
Other contributory causes of importance: Ch. Bronchitis Bronchiectasis	Yrs

Name of operation Date of
What test confirmed diagnosis? Pneumococcus 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
(Signed) Stephen W. Nicks, M. D.
(Address) 5616 Maryland Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY WITH INDELIBLE 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.

I X12004

Dr McMahon
Mo Theatre Bldg
1130-2

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. 2663

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

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

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.)