

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36265

Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** 791
 (a) County Registration District No. **1003**
 (b) Township Primary Registration District No.
 (c) City **St. Louis** (d) Street No. **2601** N Whittier St.
 (e) Length of residence in city or town where death occurred **8** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **9842**

2. PRINT FULL NAME **Charlotte Jenkins**
 (a) Residence, No. **2126 Rear Carr** St. **27**
 (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 **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 24, 1910**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
27 6 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
 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) **Louisiana**

13. NAME **Sterling Jenkins**

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

15. MAIDEN NAME **Janie Jackson**

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

17. INFORMANT **Evelyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Greenwood** DATE **10/23/1937**

19. FUNERAL DIRECTOR **Bernert & son**
 (ADDRESS) **2631 Wash St**

20. FILED **OCT 23 1937** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 19 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 10 1937** to **Oct. 19 1937**

I last saw her alive on **Oct. 19 1937** Death is said to have occurred on the date stated above, at **7:45 m. a.m.**

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

Pulmonary tuberculosis

Date of onset
10/10/37

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? **clinical** 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) **C. L. Lewis**, M. D.

(Address) **2601 N Whittier**

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, William C. McDowell, Licensed Embalmer No. 2114

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 William C. McDowell

Licensed Embalmer No. 2114

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.)