

JAN 10 1938

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

43193
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791 1/2**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis Mo** (d) Street No. **BARNES HOSPITAL** St. **11443**
(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 **Elizabeth Cole Jenkins**

(a) Residence, No. St. **N.R. Ziegler Ill**
(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 17, 1895b**

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
42 7 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as saw mill, bank, etc. **2**
10. Date deceased last worked at this occupation (month and year) **Aug. 1937** 11. Total time (years) spent in this occupation **131**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England 8**

13. NAME **William Nelson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England 8**

15. MAIDEN NAME **Jane Ann Cole**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England 8**

17. INFORMANT **Thomas Jenkins** (ADDRESS) **Zeigler, LLL**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Royalton, Ill.** DATE **12-15 37**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.** (ADDRESS) **10379 N. Euclid Ave.**

20. FILED **DEC 13 1937** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 12 - 1937**

22. I HEREBY CERTIFY, That I attended deceased from **12-6-**, 1937, to **12-12-**, 1937
I last saw her alive on **12-12-**, 1937. Death is said to have occurred on the date stated above, at **11:50 P.M.**
The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation
Hypertensive Heart Disease
Date of onset **Aug. 37**
Other contributory causes of importance: **Virgind - milk; caused by chr. nephritis.**

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 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) **B. H. Charles** M. D.
(Address) **BARNES HOSPITAL**

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.

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

Berg E. Duncan

Licensed Embalmer No. 2272

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.)