CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

FEB 12 1938

791 2/1

346
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 202

(c) City St. Louis, Mo. (d) Street No. 5631 Chamberlain 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 29 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oscar W. Jencks 520

(a) Residence, No. 5631 Chamberlain Avenue 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 31, 1867

7. AGE: Years 70 | Months 11 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
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) 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bunker Hill, Illinois

FATHER
13. NAME: W. O. Jencks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Providence, Rhode Island

MOTHER
15. MAIDEN NAME: Martha Lewellyn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mrs Cora A. Jencks, 5631 Chamberlain

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bunker Hill, Ill. DATE January 7 1938

19. FUNERAL DIRECTOR (ADDRESS): Albert H. Hoppe Inc., 429 N. Euclid Avenue

20. FILED JAN 8 1938 J F Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1938, to Jan 5 1938
I last saw him alive on Jan 4th 1938. Death is said to have occurred on the date stated above, at 12.05 A.M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset

107a

Other contributory causes of importance: probably acute Nephritis, caused by bronchial pneumonia

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) C. W. Bassett, M. D.
(Address) 4500 Olive St

(Licensed Embalmer's Statement on Reverse Side)

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 Benj. C. Duncan

Licensed Embalmer No. 2272

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