

DEC. DEC 12 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37188
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1003
(b) Township..... Primary Registration District No. Deaconess Hospital
(c) City St. Louis (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St. 9515
(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

525 Alice Jenkins

(a) Residence, No. 2025 Blendon Pl. St. 4 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 23rd 1938, to Oct 31st 1938. I last saw her alive on Oct 31, 1938. Death is said to have occurred on the date stated above, at 1:40 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1883
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. About 55

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

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

Lympho Sarcoma
Secondary to mesenteric diverticulum
Lympho glands
Date of onset
Known

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

Other contributory causes of importance:

FATHER 13. NAME Joseph Ryan
14. BIRTHPLACE (CITY OR TOWN) Brooklyn (STATE OR COUNTRY) N.Y.

Name of operation Exploratory Date of Oct 25/38
What test confirmed diagnosis? Pathology Was there an autopsy? No

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Detroit (STATE OR COUNTRY) Michigan

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.

17. INFORMANT J. Joseph Ryan (ADDRESS) 2025 Blendon Pl.

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 11-2 1938

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. J. Ryan M. D.
(Address) Metropolitan Bldg

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuary 4228 So. Kingshighway

20. NOV 1 1933 Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.