

REC'D FEB 10 1939

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

297  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis / Registration District No. 791  
(b) Township St. Louis / Primary Registration District No. 1003 Registered No. 297  
(c) City St. Louis / (d) Street No. Barnes Hosp. 21st Address 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. 12 ds.

2. PRINT FULL NAME

525  
Nancy Mae Jenkins  
(a) Residence, No. 2920 Merges Ave St. NR Alton 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
11 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant  
9. Industry or business in which work was done, as law 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) Alton Ill

FATHER 13. NAME Delbert W. Jenkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Illinois

MOTHER 15. MAIDEN NAME Bessie Mae Pinkpat

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grifton Illinois

17. INFORMANT (ADDRESS) Delbert W. Jenkins 2920 Merges Ave Alton, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Alton Ill DATE Jan 11, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Delbert W. Steyer Alton Ill

20. FILED JAN 9 1939 J. B. Bucher Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1939

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Ether Anesthesia;  
Respiratory Emphysema;  
Malignant Tumor of Neck.

Other contributory causes of importance:  
Extension of malignant tumor of neck, Jan. 9, 1939, 9:30 AM.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) Alfred J. Ferris  
(Address) Alton, Ill.

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.

**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,

*Robert H. Streeper.*

or by

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

Signed

*Robert H. Streeper.*

Licensed Embalmer No.

*2474.*

P. O. Address

*Alton, Ill.*

**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.**