COLLATION HOSP

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

20119
Do not use this space.

1. PLACE OF DEATH JUL 12 1939
(a) County
(b) Township
(c) City or ST. LOUIS MO.
(d) Street No. 5600 ARSENAL ST. 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 26 yrs. 9 mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003 Registered No. 4963

2. PRINT FULL NAME FLOSSIE JENKINS.
(a) Residence, No. 7428 REILLY St. 1
(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: EUGENE JENKINS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): AUGUST 25th 1912
7. AGE: YEARS 26 MONTHS 9 DAYS 6. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
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): MISSOURI.

FATHER
13. NAME: JOHN McDANIEL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI.

MOTHER
15. MAIDEN NAME: LAURA WILSON.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI.

17. INFORMANT (ADDRESS): Stella Grady 5600 Arsenal St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Trinity Cem. DATE June 2, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): C. Hoffmeister U.&L.Co. 7814 S. Broadway
20. FILED JUN 1 1939 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31st, 1939
22. I HEREBY CERTIFY, That I attended deceased from 5/5, 1934, to 5/31, 1939
I last saw her alive on 5/31, 1939. Death is said to have occurred on the date stated above, at 8 30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Cachexia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X-Ray 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) R W Maxwell, M. D.
(Address) 5600 Arsenal

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Louis Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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

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