

1939 SEP 14 1939 1

Registration District No. 1008

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County 1  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since July 5, 1939  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
(c) City or town St. Louis 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2101a Carr  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Butte Jenkins

8. (b) If veteran, name war mk 8. (c) Social Security No. mk

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 2, 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>5</u>	<u>10</u>	_____ hr. _____ min.

9. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business 9

12. Name Ezekiel Jenkins

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]  
(b) Address 2601 N Whittier

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo - 28-39

18. (a) Signature of funeral director W. R. [Signature]

(b) Address 3500 [Signature]

19. (a) AUG 1 1939 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 12, 1939  
year \_\_\_\_\_ hour 2 minute 30 a. M.

21. I hereby certify that I attended the deceased from July 5, 1939  
\_\_\_\_\_, 19\_\_\_\_, to July 12, 1939, 19\_\_\_\_;  
that I last saw him alive on July 12, 1939, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death (2) uremia  
(1) Hypertrophied prostate with  
(a) urinary retention

Duration 3 weeks  
8-10 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature H. J. Lyman (M. D. or other)

Address 2601 N Whittier Date signed 7/28/39

WHILE I REMAIN IN CHARGE I MAKE A PERMANENT RECORD

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 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.....

Licensed Embalmer No.....

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.**