

DEC 13 1939

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

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Do not use this space.
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1. PLACE OF DEATH

(a) Country St. Louis Registration District No. _____

(b) Township _____ Primary Registration District No. _____

(c) City St. Louis (d) Street No. St. Mary's Infirmary 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Baby Jenkins

(a) Residence, No. 4418 1/2 Market St. 11 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/4-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

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) St. Louis Mo 0

13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 1

15. MAIDEN NAME Edna Jenkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Edna Jenkins
(ADDRESS) 4418 1/2 Market

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Michael DATE Nov 8 1939

19. FUNERAL DIRECTOR J. W. Hughes
(ADDRESS) 2620 Johnston

20. FILE NO. NOV 7 1939 J. F. Dudek
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/4/1939 1939

22. I HEREBY CERTIFY, That I attended deceased from 11/4 to 11/4 1939

I last saw him alive on 11/4 1939 Death is said to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows:
Pre-rupture with

Other contributory causes of importance: _____

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 _____ 1939
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 Oh no _____ M. D.
(Signed) Chas E. Bennett
(Address) 4322 1/2 E. 6th

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, _____, 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:

Lyda Hughes

Licensed Embalmer No. 2938

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.)