S. No. 2
-11-10-39
5-17-39
P I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5238

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 2068

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4620 Lexington Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. 4620 Lexington Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anna Jenkins,

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hiram Jenkins

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 7th (Day) 1877 (Year)

8. AGE: Years 62 Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name Geo. Williams,
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Rose.
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Harry Jenkins
(b) Address 4620 Lexington Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1st, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemm

18. (a) Signature of funeral director H. Leidner Und. Co.
(b) Address 1417 N. Market Street.

19. (a) FEB 29 1940 (Date received local registrar) (b) J. B. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1940 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from 1-8-40, 1940, to 2-27-40, 1940, that I last saw he alive on 2-27-40, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac collapse
Due to Cerebral hemorrhage
Due to Hypertension
Due to Myocarditis, acute
Other conditions caused by chr. myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 93C

Duration

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) no
(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? (Specify type of place)
While at work? no (e) Means of injury:

23. Signature W. A. Fauscher (M. D. or other) M.D.
Address 4865 Natural Bridge Date signed 2/29/40

(Licensed Embalmer's Statement on Reverse Side)

Dr Lanache 4885 Natural Bridge
Ev. 0528 - 2-4 P.M.

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

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.