

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

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30280  
Registrar's No. 7557

Registration District No. 791

Primary Registration District No. 1003

FILED OCT 25 1940

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
3629 Sulphur Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULLNAME Charles B. Jenkerson  
3. (b) If veteran, name war World War  
3. (c) Social Security No. 500-1P 3557

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Pearl Jenkerson  
6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased November 21, 1894  
(Month) (Day) (Year)

8. AGE: Years 45 Months 9 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Yard Manager

11. Industry or business E. J. Wallace Coal Co.

12. Name Charles E. Jenkerson

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

14. Maiden name Laura Hunt

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

16. (a) Informant Pearl Jenkerson

(b) Address 3629 Sulphur, St. Louis, Mo.

17. (a) Burial (b) Date thereof 8-7-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister & Co  
(b) Address 7814 S. B'way, St. Louis, Mo.

19. (a) SEP 9 1940 (b) J. Brudick  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3629 Sulphur Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 8th  
year 1940 hour 10:30 minute P. M.

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

Immediate cause of death  
Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to arteriosclerosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations 93C  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
(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)  
Means of injury 5'

23. Signature J. Brudick (M. D. or other)  
Address Deputy Registrar

**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

*Lewis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

**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, fact should be so stated above.**