

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8121**

REC'D OCT 27 1940

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2801a Olive Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2801a Olive Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1940 hour .5 minute 20 P.M.
21. I hereby certify that I attended the deceased from Sept. 1, 1940
to Sept 27, 1940
that I last saw her alive on Sept 27, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis Duration _____

Due to Senility
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME Florence Jenkins

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

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

6. (b) Name of husband or wife Robert Jenkins 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 6, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 20 hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name William Harris

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

14. Maiden name Mary J. Jackson

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

16. (a) Informant Mrs. Elmer Spalden

(b) Address 2801a Olive St

17. (a) Burial (b) Date thereof 9/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Russell Und. Co.

(b) Address 2732 Pine Street

19. (a) SEP 30 1940 (b) J. T. Brudack
(Date received local registrar) (Signature)

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?
Yes
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. B. Howell (M. D. or other) _____
Address 2902 Laurel St Date signed 9/28/40

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

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 _____

Joel Russell

Licensed Embalmer No. 4112

P. O. Address _____

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

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