

3. No. 2
4-13-40
5-17-39
PI X23159

JUN 6 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18952
Registrar's No. 1143

Registration District No. 784

Primary Registration District No. 101

6
32
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: 7726 Bonhomme
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(d) Street No. 7726 Bonhomme
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary Etta Jenkins
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28
year 1941 hour 16 minute 10 A. M.

4. Sex Female 5. Color or race Negro
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: 10 (Month) 5 (Day) 1875 (Year)

21. I hereby certify that I attended the deceased from May 1st, 1941, to May 27, 1941.
that I last saw her alive on May 27, 1941.
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 7 23 hr. _____ min.

Immediate cause of death: Metastatic carcinoma of lungs
Due to: Primary carcinoma of right breast
Due to: _____
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace St. Louis County Missouri
10. Usual occupation Nil
11. Industry or business _____
12. Name Scott Howard
13. Birthplace St. Joseph Missouri
14. Maiden name Amy Bush
15. Birthplace Marshall Missouri

Major findings: 5.0
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Anna Gray
(b) Address 7726 Bonhomme Ave.
17. (a) Burial (b) Date thereof 6/1/41
(c) Place: burial or cremation Musick, Missouri
18. (a) Signature of funeral director Russell Wnd., Co.
(b) Address 2732 Pine Street
19. (a) JUN - 1 1941 (b) [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? _____
While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature Druse Kenamora (M. D. or other) _____
Address 3720 Washington St. Louis Date signed 6-1-41

AUG 10 1948

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.