No. 2
1-13-40
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I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23723

Registration District No. 791

Primary Registration District No. 1063

Registrar's No. 6065

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 28 years 0

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2904 a Gamble
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lillie Jenkins
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female 3
5. Color or race C
6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 2 (Month) 4 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
48	5	16	hr. min.

9. Birthplace Gunerson (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name Thomas Jenkins
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Clara
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Cealia Aldrich
(b) Address 2904 A Gamble St.
17. (a) (Burial, cremation, or removal) (b) Date thereof 7-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 Stodard St
19. (a) JUL 25 1941 (Date received local registrar) (b) J. M. Bredrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1941 hour 6:55 minute P. M.
21. I hereby certify that I attended the deceased from July 19, 1941, to July 21, 1941 that I last saw her alive on July 21, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Diabetes Mellitus — 4 years
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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

23. Signature M. E. Fowler (M. D. or other) D
Address 2601 N Whittier Date signed 7-22-41

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649 Delma

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

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

S. No. 2B
M—8-21-41
I X29268

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. 23723

Registration District No. 191 Primary Registration District No. 1003 Registrar's No. 606S

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips (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 (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lillie Jenkins
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: B
6. (a) Single, widowed, married, divorced: D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years | Months | Days | If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 9-16-4 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 1, 1941 Day
year hour minute 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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY