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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7609

FILED MAR 11 1943

Registration District No. 181 Primary Registration District No. 200 Registrar's No. 371

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans' Administraction Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 2-10-43 (Specify whether
In this community - -
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 979

(a) State Texas (b) County 41

(c) City or town Fort Worth 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2727 Wilkinson St.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME ARMER R. JENKINS

3. (b) If veteran, name war W.W. #1

3. (c) Social Security No. Not remem.

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife Dorothy

6. (c) Age of ~~husband~~ or wife if alive 40 years

7. Birth date of deceased 6 (Month) 28 (Day) 1890 (Year)

8. AGE: Years 52 Months ~~8~~ 7 Days 14 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business - -

FATHER
12. Name George W. Jenkins,
13. Birthplace Uniontown, Pa. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna M. Craig,
15. Birthplace West Virginia. (City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling
(b) Address Cl.Clerk, V.A. Fac. Jeff. Bks. Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 15-43 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEM. Chippewa Ave. Co.

18. (a) Signature of funeral director C. Hoff Meister Und. Co.
(b) Address St. Louis, Mo. 7814 S. Broadway

19. (a) FEB 16 1943 (Date received local registrar) (b) E. G. McGarvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1943 hour 8:45 PM. minute M.

21. I hereby certify that I attended the deceased from Feb. 10, 1943, 19 to Feb. 11, 1943, 19;
that I last saw him alive on Feb. 11, 1943, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARCINOMA OF LARYNX, WITH METASTASIS TO LEFT LUNG.	Abt.2-mos.
Due to	
Due to	
Other conditions PNEUMONIA, BRONCHIAL BASES BILATERAL. NO TYPING. (Include pregnancy within 3 months of death)	1 day.

Major findings:
Of operations No operation
Of autopsy No autopsy. 47a

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? (e) Means of injury

23. Signature L. M. COCHRAN, M. D. (M. D. or other)
Address Chief Medical Officer, Date signed 2-12-43

(Licensed Embalmer's Statement on Reverse Side)

AUG 9 1946

FEB 15 1950

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

Lawrence C. Hoffmeister, Registered Apprentice No.

working under my personal supervision.

Signed L. C. Hoffmeister

Licensed Embalmer No. 3871

P.O. Address 7814 S. Broadway

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.