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7-5-17-39  
P. 1 X32

11423

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 0

FILED APR 15 1943

Registration District No. 784

Primary Registration District No. 700

Registrar's No. 678

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Bridgeton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(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 \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rosie Jenkins

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife George Jenkins 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec. 16 1885  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	2	18	hr. min.

9. Birthplace Callaway County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Mandy Dishman

15. Birthplace Callaway Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Hellie Jackson

(b) Address Bridgeton Mo

17. (a) Removal (b) Date thereof March 18-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tabbetts, Mo.

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

(b) Address 2732 Pine Street

19. (a) MAR 17 1943 (b) Elmer Deanan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Bridgeton  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15<sup>th</sup> year 1943 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb. 14 1943 to March 15<sup>th</sup> 1943; that I last saw her alive on March 14<sup>th</sup> 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lungs Duration 6 1/2 mo

Due to Cancer of Breast 7 1/2 mo

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 50

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? \_\_\_\_\_

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

23. Signature H. T. Coker M.D. (M. D. or other) \_\_\_\_\_

Address Pattonville Mo. Date signed Mar. 16 43

701

(Licensed Embalmer's Statement on Reverse Side)

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**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

*Jaill 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.**