

FILED FEB 28 1948  
Registration District No. 1003

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Saint Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3809 Cook Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 21 years \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME GEORGIA EPPS

3. (b) If veteran, name war --- 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife T. W. Jenkins 6. (c) Age of husband or wife if alive --- years  
7. Birth date of deceased December 11, 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 2 If less than one day  
hr. 1 min.

9. Birthplace: La Mar Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER { 12. Name George Epps  
13. Birthplace Unavailable 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Harriett Mason  
15. Birthplace Unavailable Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Oliver

(b) Address 3809 Cook Avenue

17. (a) Burial (b) Date thereof 2/17/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) 17 1944 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ---  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3809 Cook Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13 th  
year 1944 hour 5: minute 30 A.M.

21. I hereby certify that I attended the deceased from  
January 25 1944 to February 13 1944  
that I last saw her alive on February 12 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza  
Due to 93 d  
Due to Chr. Myocarditis  
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.

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) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature Shaw W. Carter (M. D. or other)  
Address 2425 a Biddle Av. Date signed 2/16/44

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

844

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**STATEMENT BY LICENSED EMBALMER**

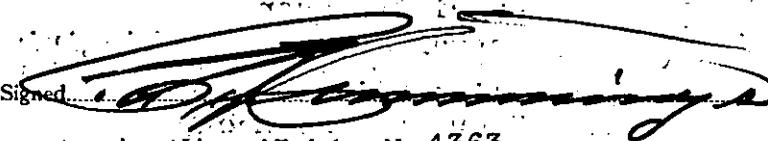
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Robert Lee Cummings

Registered Apprentice No. ....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4363

P. O. Address: 4107 Finney Avenue

**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.**