

JUN 3 1944

Registration District No. 37

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Badenn Station
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Hallsferry Memorial Nursing Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Susan Jenkins
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Walter Jenkins
 6. (c) Age of husband or wife if alive dec'd years
 7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 83 years hr. min.

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

10. Usual occupation at home
 11. Industry or business at home

MOTHER FATHER

12. Name Andrew J. Matthews
 13. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Jane Barnes
 15. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hattie Wadlow
 (b) Address 2754 N. Prairie ave

17. (a) Burial (b) Date thereof May-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director A. Koon & U. Co.
 (b) Address 2707 N. Grand Blvd

19. (a) MAY 29 1944 (b) C. G. McLawrence, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4003 Lincoln avenue
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
 year 1944 hour 5-PM minute 20 M.

21. I hereby certify that I attended the deceased from April 1st 1944 to May 26 1944
 that I last saw her alive on May 19th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Atherosclerosis

Due to _____
 Due to 93d
 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? _____

23. Signature Joseph R. Schefer (M. D. number) _____
(Specify type of place) (e) Means of injury _____
University Club Bldg Date signed 5-27-44

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.....

V E Morris

Licensed Embalmer No.

3360

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.