

FILED JUN 1945

Registration District No. 318

Primary Registration District No. 1000

Registrar's No.

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:  
CITY HOSPITAL #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY  
(Specify whether

In this community.....  
years, months or days)

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. 2228<sup>th</sup> COLE ST  
(If rural, give location)

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

3. (a) PRINT FULL NAME JAMES JENKINS

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 21  
year 1945 hour 5 minute 30 P.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

4. Sex MALE 5. Color or race Col. 6. (a) Single, widowed, married, Divorced

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if 9 years

7. Birth date of deceased: MAY (Month) 9 (Day) 1944 (Year)

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Bronchopneumonia  
measles

Due to 35

Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

1 0 12 hr. min.

9. Birthplace Whitesville TENN.  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name DANA JENKINS

13. Birthplace MANNING S.C.  
(City, town, or county) (State or foreign country)

14. Maiden name MARY SUE RHODES

15. Birthplace Whitesville TENN.  
(City, town, or county) (State or foreign country)

16. (a) Informant Dana Jenkins

(b) Address 2228<sup>th</sup> Cole St

17. (a) Burial (b) Date thereof 5-24-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. F. (public) Walton

(b) Address 2707 Stoddard St.

19. (a) MAY 24 1945 (b) J. F. Bredeck  
(Date received local Registrar) (Registrar's signature)

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?.....

While at work?..... (Specify type of place)

(a) Means of injury 3

23. Signature Alfred W. Brown (M. D. or other)  
Address Albany, Oregon Date signed 5/22/45

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

20  
7  
9

**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. Heilliard*

Licensed Embalmer No. *4221*

P. O. Address *1154 Bayard*

**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.**