

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1933
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 452
Registrar's No. 566

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4613a Easton Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Young Jenkins
3. (b) If veteran, name war -- 3. (c) Social Security No. ---
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Etta Jenkins 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 19 1858
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 17th
year 1946 hour 1:35 minute P M.
21. I hereby certify that I attended the deceased from 1/11/46
_____, 19____, to 1/17/46, 19____;
that I last saw him alive on 1/17/46, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchopneumonia
Duration _____

8. AGE: Years Months Days If less than one day
87 11 28 _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 107

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business _____
12. Name George Jenkins
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER, FATHER {
16. (a) Informant Mrs. Ella Smith
(b) Address 516 Overhill Dr.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-20-46
(Month) (Day) (Year)
(c) Place: burial or cremation Fulton, Kentucky
18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington
19. (a) JAN 18 1946 (Date received local registrar) (b) J. J. Baedek (Registrar's signature)

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 K. D. Gregory (M. D. or other) _____
Address 1515 Lafayette Date signed 1/17/46

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.....

Paulandis Craig
.....
Licensed Embalmer No. *826*.....

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.