

FILED MAR 9 1948

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **521**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 10/8/46
In this community 33 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
(c) City or town Deoatur 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1030 W. Serro Gordo Street 0
(If rural, give location)
(e) Citizen of foreign country? No 21
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JENKINS, William E.

3. (b) If veteran, name was Spanish American 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Jenkins 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased August 15 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Sperryville Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name William Thomas Jenkins
13. Birthplace (unknown) Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Frances Brown
15. Birthplace (unknown) Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Clin. Clk. Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Mo.

17. (a) Removal (b) Date thereof 2-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granite City, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) 3-2-46 (b) E. J. McDevaney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1946 hour 2:20 minute P M.

21. I hereby certify that I attended the deceased from October 8 1945 to February 28 1946
that I last saw him alive on February 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY ARTERIO-SCLEROTIC HEART DISEASE WITH MYOCARDIAL INSUFFICIENCY AND AURICULO-VENTRICULAR HEART BLOCK
Due to VENTRICULAR HEART BLOCK

Due to 94 a

Other conditions ARTERIOSCLEROSIS GENERALIZED
(Include pregnancy within 3 months of death)

Major findings: No Operation
Of operations _____

Of autopsy No Autopsy

Duration

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) No
(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 L. E. Stilwell (Specify type of place) (Mental) (Physical) injury 1

23. Signature L. E. STILWELL, M. D. (M. D. or other)
Address Jefferson Barracks, Mo. Date signed 2/28/46

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

6063

MAR 19 1946

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.....

Elmo R. Padwell

Licensed Embalmer No. 4077.....

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.