DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42550

Primary Registration District No. 1003

Registrar's No. 11168

1. PLACE OF DEATH:

(a) County

(b) City or town: ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 32 Kingsbury Pl.
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County:

(c) City or town: ST. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 32 Kingsbury Pl
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: WILLIAM G. JENKIN

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Isabel

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: Nov (Month) 4 (Day) 1888 (Year)

8. AGE: Years 58 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace: London (City, town, or county) England (State or foreign country)

10. Usual occupation: owner oil Co.

11. Industry or business: Jenkin - Guerin

FATHER
12. Name: Arthur Jenkin
13. Birthplace: (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name: Julia Gorman
15. Birthplace: (City, town, or county) England (State or foreign country)

16. (a) Informant's own signature: Isabel Jenkin
(b) Address: 32 Kingsbury Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 26 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine

18. (a) Signature of funeral director: Probst
(b) Address: 3740 N. Grand Blvd.

19. (a) DEC 26 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1946 hour 7 minute 30 A.P.M.

21. I hereby certify that I attended the deceased from September 30, 1946, to December 24, 1946; that I last saw him alive on Dec. 24, 1946, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	3 days
Due to: Nephrosclerosis	6 months
Due to: Malignant hypertension	10 yrs
Other conditions: — (Include pregnancy within 3 months of death)	

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? (Specify type of place): —
While at work? —
(e) Means of injury: —

23. Signature: Augustin Jones (M. D.)
Address: 31 North Brentwood, Clayton Date signed 12-25-46

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.