

FILED JUN 13 1947

State File No. ....

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 374

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:  
Barnes Hospital, D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days (Specify whether  
In this community 6 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 097  
(c) City or town St Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 2632 LaFayette Avenue  
23 (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Mae Jenkins  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 29  
year 1947 hour 6 minute 20 P. M.  
21. I hereby certify that I attended the deceased from May 19, 1947, to May 29, 1947;  
that I last saw her alive on May 29, 1947  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife James H. 6. (c) Age of husband or wife if alive 41 years  
7. Birth date of deceased December 27 1905  
(Month) (Day) (Year)

Immediate cause of death uremia Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
41 5 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Hypertensive cardiac-vascular disease  
Due to malignant hypertension

9. Birthplace Murphersboro Illinois  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation housewife

Major findings: \_\_\_\_\_

11. Industry or business At Home

Of operations \_\_\_\_\_

12. Name John Whittaker

Of autopsy as above

13. Birthplace West Frankfort Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Raichrath

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

16. (a) Informant James H. Jenkins

(b) Address 2632 LaFayette Ave

17. (a) Burial (b) Date thereof 5-31-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus Cemetery

18. (a) Signature of funeral director A-W McLaughlin

(b) Address 2301 LaFayette Avenue

19. (a) 5/31/47 (b) J. F. Bradee  
(Date received local registrar) (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 D  
23. Signature J. F. Bradee (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital Date signed 5/29/47

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

MOTHER FATHER

5374

**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..... *D W Cooper*

Licensed Embalmer No. *2150*

P. O. Address..... *2301 Lafayette Ave*

**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.**