No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29168

FILED SEP 8 1947

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 3205

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
(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: Same
(c) City or town: St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3338 Market (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) No
If yes, name country .....

3. (a) PRINT FULL NAME: Rosis Jenkins
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Fem
5. Color or race: Col
6. (a) Single, widowed, married, divorced: D
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... Years
7. Birth date of deceased: Apr. 1886 (Month) (Day) (Year)

8. AGE: Years 61 Months ..... Days ..... If less than one day ..... hr. ..... min.

9. Birthplace: Ill (City, town, or county) Ill (State or foreign country)
10. Usual occupation: Ill
11. Industry or business: Ill

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

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

16. (a) Informant: Mrs. F. Callaway
(b) Address: 300 W. Lee
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date: 8-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington
18. (a) Signature of funeral director: W. Kelbe
(b) Address: 3528 Kennard
19. (a) AUG 29 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1947 hour 4 minute PM M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Embolism	
Due to: Coronary Thrombosis	17
Due to: Pulmonary Vein Lights	
Other conditions (Include pregnancy within 3 months of death): Abscess of Right Lung	
Non-tubercular abscess	

Major findings:
Of operations: N
Of autopsy: ///

PHYSICIAN
Underline the cause of 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: 0
23. Signature: Chas. Merry (M. D. or other)
Address: Lafayette Date signed 8/5/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.