S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6537

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2342

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution (rear) Delmar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mo
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2224 R. Delmar Blvd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex M 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) 1 (Day) 1878. (Year)

8. AGE: Years 69 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Smithland (City, town, or county) Ky (State or foreign country)
10. Usual occupation
11. Industry or business: None
MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Louise Nicklerson
(b) Address 2117 Cole St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery
18. (a) Signature of funeral director Gus Lowe
(b) Address 2930 Dickson St.
19. (a) MAR 8 1948 (Date received local registrar) (b) J. F. Bussel (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3rd day 6th year 1948 hour 8:00 minute P. 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.

	Duration
Immediate cause of death: Cerebral Lues	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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
23. Signature (M. D. or other)
Address Date signed 3/8/48

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 Arthur L. Hellbard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard 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.