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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21007

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5223

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin DesLoge Hospital 0
(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 Kentucky (b) County McCracken 999
(c) City or town Paducah 15
(If outside city or town limits, write "RURAL")
(d) Street No. NR 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Millie Jenkins
3. (b) If veteran, name war None
3. (c) Social Security No. 402-10-4898
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward Jenkins
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 15 (Day) 1880 (Year)
8. AGE: Years 68 Months 3 Days 12 If less than one day hr. min.
9. Birthplace Fulton (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Zev Jones
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Ray E. Jenkins
(b) Address 6344 Suburban Avenue.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Paducah, Kentucky
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUN 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1948 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 23 1948, to June 7 1948, that I last saw him alive on June 6 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: carcinoma of stomach & metastases — Duration 1 year
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) NO
Major findings: Of operations carcinoma of stomach & metastases
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) 0
While at work? (e) Means of injury

23. Signature Harry K. Purnell (M. D. or other) M.D.
Address 4660 Maryland, St. Louis, Mo. Date signed 6/7/48.

(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 [illegible] W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.