

No. 300  
-10-47  
5-17-39  
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U.S. DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED NOV 12 1948 **318**

Primary Registration District No. **1003**

Registrar's No. **9463**

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

**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:  
Homer G Phillips Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5600 Arsenal St  
(If rural, give location)

(e) Citizen of foreign country? 13 (Yes or No)  
If yes, name country

**3. (a) PRINT FULL NAME** Mamie Jenkins

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Dead

6. (c) Age of husband or wife if alive 10 - 16 - 1878 years (Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>70</u>	<u>0</u>	<u>15</u>	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 6

10. Usual occupation Nil

11. Industry or business

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Frankie Weaver

(b) Address 3931 Evans Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director C.W. Roberts

(b) Address 1416 N. Taylor Ave.

19. (a) 11-1-48 (Date received local registrar) (b) J.B. Parson (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 31 year 1948 hour 6 minute 40 a. M.

21. I hereby certify that I attended the deceased from Oct. 22 1948 to Oct. 31 1948 that I last saw h. er alive on Oct. 31 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis and Congestive Heart Failure Duration Undet.

Due to

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy None

**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?

While at work? (Specify type of place) (b) Means of injury 0

23. Signature Oscar F Daniels (M. D. or other) Address 2601 N Whittier Date signed 11/1/48

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**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.....

*Annice Roberts*

*4439*

*1416 W. Fay*

**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.**