No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34303

FILED NOV 6 1948 318

Registration District No. ..... Primary Registration District No. 1003

Registrar's No. 9172

WRITE PLAINLY—USING 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 Enroute City Hospital 3
(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 Ohio (b) County Cuyahoga 999
(c) City or town Olmstead Falls 33
(If outside city or town limits, write "RURAL")
(d) Street No. Usher Road 0
(If rural, give location)
U.R. 2
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Thomas Morgan Jenkins
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August (Month) 18 (Day) 1928 (Year)

8. AGE: Years 20 | Months 2 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Cleveland (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Student
11. Industry or business .....
FATHER
12. Name Edgar M. Jenkins
13. Birthplace Meadsville (City, town, or county) Pennsylvania (State or foreign country)
MOTHER
14. Maiden name Janice Carnahan
15. Birthplace Cleveland (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Edgar M. Jenkins
(b) Address Olmstead Falls, Ohio.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Berea, Ohio.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) OCT 23 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1948 hour 11:50 minute A.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 Fracture of skull; Subdural hemorrhage; Laceration of left lung; when deceased jumped from the roof of Jefferson Hotel, 415 No. 12th Boul., to roof over Gold Room, 3rd floor, on Oct. 22, 1948, about 11:45 A.M.

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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) Suicide
(b) Date of occurrence Oct. 22, 1948
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? no (e) Means of injury see above

23. Signature Robert E. Meyer (M. D. or other) 3
Address Dey Co. Date signed .....

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 Elton R. H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.