

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

#92089
FILED JAN 29 1949

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003'

Registrar's No. 451

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis Mo.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1700 Allen av</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GABRIEL</u> b. (Middle) <u>JENKINS</u> c. (Last) <u>JENKINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 15th 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 1 1904</u>
9. AGE (In years last birthday) <u>55</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>	11. BIRTHPLACE (State or foreign country) <u>Alabama</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13a. FATHER'S NAME <u>Douglas Jenkins</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Moody</u>	14. NAME OF HUSBAND OR WIFE <u>Vonie</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1st World War</u>		16. SOCIAL SECURITY NO. <u>1st World War</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vonie Jenking</u> ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Jacksonian Epilepsy</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11/26/48</u> , 19 <u>48</u> , to <u>1/15/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1/25/49</u> , 19 <u>49</u> , and that death occurred at <u>8:40 PM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>E. H. Carson, M.D.</u> (Degree or title)		23b. ADDRESS <u>1515 Lafayette Ave.,</u>	23c. DATE SIGNED <u>1/17/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/12/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
DATE REC'D BY LOCAL REG. <u>JAN 17 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Larater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maydell</u>	ADDRESS <u>1926 Allen</u>

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Benz J. Duncan

Licensed Embalmer No. 2272

P. O. Address 1976 Allen

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.