0.300
0.48

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18114

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1033

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARSONVILLE 4
c. LENGTH OF STAY (In this place): 4 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PENN NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 060
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 17
d. STREET ADDRESS (If rural, give location): 1621 TEXAS AVE

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) N. c. (Last) JENKERSON
4. DATE OF DEATH (Month) (Day) (Year): APRIL 26 - 1949
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: FEB. 1 - 1883
9. AGE (In years last birthday): 66 — If under 1 year: Months 2, Days 26 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): NEWBURG, MO
12. CITIZEN OF WHAT COUNTRY? —
13a. FATHER'S NAME: LINDSEY WILSON
13b. MOTHER'S MAIDEN NAME: LOUISA SCHOPPF
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: RUTH JENKERSON - 1621 TEXAS

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhages — Interval between onset and death: 1 year
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive Cardiovascular renal disease — 5 years.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Blind, Paraplegia, Decubitus back — 331 A

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION — 131 A
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 20, 1948, *to* April 26, 1949, *that I last saw the deceased alive on* April 26, 1949, *and that death occurred at* 8 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lewis Littmann (Degree or title) MD
23b. ADDRESS: 8231 Clayton Rd (17)
23c. DATE SIGNED: 4/27/49
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APR. 29-49
24c. NAME OF CEMETERY OR CREMATORY: MT. HOPE CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MO
DATE REC'D BY LOCAL REG.: 4-28-49
REGISTRAR'S SIGNATURE: [illegible] MD
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: A.W. McLAUGHLIN - 2301 LAFAYETTE

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Chas. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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

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