

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21220

State File No. 5048

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hosp. of St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>28 - 8</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>W</b> c. (Last) <b>JENKINS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 6 49</b>	
5. SEX <b>Male</b>	6. COLOR OF RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4/15/1902</b>
9. AGE (In years, months, days) <b>47 Y 1 M 21 D</b>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>book</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>book</b>	
11. BIRTHPLACE (State or foreign country) <b>W. Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Wm. K. Jenkins</b>		13b. MOTHER'S MAIDEN NAME <b>Wm. K. Jenkins</b>	
14. NAME OF HUSBAND OR WIFE <b>Wm. K. Jenkins</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, state branch or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>No</b>		17. DECEASED'S SIGNATURE OR NAME <b>John W. Jenkins</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sub-acute Hematoma</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Due to fall</b> DUE TO (b) <b>He fell to the sidewalk in front of 4066 Cottage 6-2-49</b> DUE TO (c) <b>let out 2:45 P.M.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>accident</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo. Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6 2 49 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>fall</b>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ from the causes and on the date stated above.	
23a. SIGNATURE <b>John W. Jenkins</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>6/20/49</b>		24a. BURIAL CREMATION (Specify) <b>burial</b>	
24b. DATE <b>JUN 30 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	
24d. LOCATION (City, town, or county) <b>St. Louis</b>		25. FUNERAL DIRECTOR <b>Rowland Mortuary Service</b>	
DATE REC'D BY LOCAL <b>JUN 30 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lassater</b>	
25. FUNERAL DIRECTOR <b>Rowland Mortuary Service</b>		ADDRESS <b>4104 Manchester Ave.</b>	

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph W. Henson

Licensed Embalmer No. 3791

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.