

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1003

State File No. 24948
 6729

#84592

318

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis, Mo.)		c. LENGTH OF STAY (In this place) 2 Days	c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 4147 Labadie Avenue, 15,		
3. NAME OF DECEASED (Type or Print) a. (First) LYMAN b. (Middle) T. c. (Last) JENKINS		4. DATE OF DEATH August 2nd, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 7th, 1901	9. AGE (In years last birthday) 48 if UNDER 1 YEAR Months 6 if UNDER 48 HRS. Days 25 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Smith-Davis Mfg. Co.		11. BIRTHPLACE (State or foreign country) Miller County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Hiram Jenkins		13b. MOTHER'S MAIDEN NAME Anna Williams		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 498-03-9392		17. INFORMANT'S SIGNATURE OR NAME Mrs. Wilma Kuntzman, 4147 Labadie Ave, 15
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) Chronic Glomerulo nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 mo. +
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 131
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5 ft. - K
22. I hereby certify that I attended the deceased from 7/31/49, 19, to 8/2/49, 19, that I last saw the deceased alive on 8/2/49, 19, and that death occurred at 6:35am, from the causes and on the date stated above.				
23a. SIGNATURE Joseph E. Blaser (Degree or title)		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 8/2/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/4/49		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Bl.		
DATE RECD BY LOCAL REG. AUG 2 1949		REGISTRAR'S SIGNATURE J. B. Foster		

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 _____

Licensed Embalmer No. 4225

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.