

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24433

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. CHARLES</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>9 D/15</u>		d. STREET ADDRESS (If rural, give location) <u>1505 S. 7th, St. 2239</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELZIE</u> b. (Middle) <u>LYTLE</u> c. (Last) <u>JENKERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 3 1950</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>April, 18th, 1912</u>	9. AGE (In years last birthday) <u>38</u>	10. IF UNDER 1 YEAR Months <u>2</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Julius Jenkerson</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Ethel Pennock</u>	14. NAME OF HUSBAND OR WIFE <u>Viola Cross</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>W.W. 2</u>	16. SOCIAL SECURITY NO. <u>488-18-3307</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Viola Jenkerson,</u> ADDRESS <u>St. Louis</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture with brain injury</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> <u>88334</u> <u>32</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>highway auto</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Charles St. Charles Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) <u>6-24-1950</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto accident</u>

22. I hereby certify that I attended the deceased from 6-24-50, 1950, to 7-3-50, 1950, that I last saw the deceased alive on 7-3-50, 1950, and that death occurred at 7:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. L. Hendrickson M.D.</u>	23b. ADDRESS <u>St. Charles Mo</u>	23c. DATE SIGNED <u>7/3/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July, 3, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bourbon</u>	24d. LOCATION (City, town, or county) (State) <u>Crawford Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-11-50</u>	REGISTRAR'S SIGNATURE <u>Ramona Hammett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Long</u> ADDRESS <u>Bourbon, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 17 1962
District Health Officer No. 9,
District File Number _____

JUL 24 1962

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.

Signed Walter O. Spencer
Licensed Embalmer No. 4673

Signed _____
Student Embalmer

P. O. Address Cuba, 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.