

FILED OCT 5 1950
#66871THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 31732
Registrar's No. 7871

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7871							
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 township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 10 da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2187							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 18 1440 So. Compton Avenue									
3. NAME OF DECEASED (Type or Print)			a. (First) LAURA		b. (Middle) LAVINIA		c. (Last) JENKINS		4. DATE OF DEATH (Month) (Day) (Year) Sept. 16th, 1950				
5. SEX / F W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) W 2		8. DATE OF BIRTH Mar. 16, 1875		9. AGE (In years last birthday) 75		# UNDER 1 YEAR Days 6		# UNDER 1 HRA. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife			10b. KIND OF BUSINESS OR INDUSTRY At Home			11. BIRTHPLACE (State or foreign country) Waverly Tennessee /			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME Monroe Wills			13b. MOTHER'S MAIDEN NAME Eva Young			14. NAME OF HUSBAND OR WIFE Noah M.							
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.		17. INFORMANT'S SIGNATURE OR NAME Beulah Hall			ADDRESS 5929 Victoria Avenue					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease with coronary thrombosis. 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 10 days					
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? 4200									
22. I hereby certify that I attended the deceased from 9/5/50, 19____, to 9/16/50, 19____, that I last saw the deceased alive on 9/16/50, 19____, and that death occurred at 3:00am m., from the causes and on the date stated above.													
23a. SIGNATURE Gary B. Wood (Degree or title) M.D.				23b. ADDRESS 1515 Lafayette Ave.,				23c. DATE SIGNED 9/16/50					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-19-50		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Union City, Tennessee							
DATE REC'D BY LOCAL REG. Sept 17-1950		REGISTRAR'S SIGNATURE J. B. Leaster			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLAUGHLIN FUNERAL HOME, INC. 2501 Lafayette Ave								

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

L R Casper

Signed.....
Student Embalmer

Licensed Embalmer No. *3623*

P. O. Address *2301 Lafayette*

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.