

FILED OCT 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31733
Registrar's No. 7951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri				c. LENGTH OF STAY (in this place) 3 Yrs. 1 Mos.		c. CITY (If outside corporate limits, write RURAL and give township) City Infirmery St. Louis, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmery Hospital				d. STREET ADDRESS (If rural, give location) 13.					
3. NAME OF DECEASED (Type or Print) Margaret		a. (First)		b. (Middle)		c. (Last) Jenkins		4. DATE OF DEATH (Month) (Day) (Year) Sept. 17, 1950.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2		8. DATE OF BIRTH FEB 4 1879		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 13	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) IRELAND 4		12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME JOHN LYONS IRELAND			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME PAUL J. ROPER		ADDRESS 5955 LOTUS AVE			
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) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paranoid Schizophrenia 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 1948 plus 1947 plus	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> AT HOME <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4-2-50					
22. I hereby certify that I attended the deceased from _____, 19____, to Sept. 17, 1950, that I last saw the deceased alive on Sept. 17, 1950, and that death occurred at 1:40 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Palmer Romaine Bowditch M.D.				23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE SEPT. 20	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST LOUIS MO				
DATE REC'D BY LOCAL REG. SEP 20 1950		REGISTRAR'S SIGNATURE J. B. Lester		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan				ADDRESS 1313 1/2 E. 12th St.	

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Hustans Deuterle

Signed.....

Student Embalmer

Licensed Embalmer No. 4329

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.