

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24795

FILED JUL 16 1951

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1003

State File No. ....

5946

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>                    </u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2179			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4021 Flad Ave.</u>				17 STREET ADDRESS (If rural, give location) <u>4021 Flad Ave.</u>				0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>			b. (Middle) <u>G.</u>		c. (Last) <u>Jenkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7/2/51</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>June 27, 1877</u>		9. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>George Jenkins</u>			13b. MOTHER'S MAIDEN NAME <u>Addie Abet</u>			14. NAME OF HUSBAND OR WIFE <u>Mattie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---</u>			16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mattie L. Jenkins-4021 Flad</u>				
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Suddenly</u>	
19a. DATE OF OPERATION <u>mm</u>		19b. MAJOR FINDINGS OF OPERATION <u>mm</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>mm</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>mm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>mm</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>mm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H201</u>					
22. I hereby certify that I attended the deceased from <u>1945</u> , to <u>6/13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/13</u> , 19 <u>51</u> , and that death occurred at <u>2:45</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Preston C. Halloran</u>				23b. ADDRESS <u>3902a Lafayette</u>			23c. DATE SIGNED <u>7/2/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/5/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>			
DATE REC'D BY LOCAL <u>JUL 3 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wacker-Weldede 3634 Gravois</u>				

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.....

Licensed Embalmer No. *2645*

Signed.....  
Student Embalmer

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.