

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10153

State File No.

FILED APR 12 1952

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2898**

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 24 2925 So Jefferson 0	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) A c. (Last) Jenkins		4. DATE OF DEATH (Month) (Day) (Year) 3 27 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 17, 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY SELF	9. AGE (In years last birthday) Months Days Hours Min. 52 11 10
11. BIRTHPLACE (State or foreign country) Cuba, Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John M Jenkins, Sr		13b. MOTHER'S MAIDEN NAME Lillie Bell Chewning	14. NAME OF HUSBAND OR WIFE Evelyn B Jenkins
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Evelyn B Jenkins 2925 So Jefferson
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infectious Polyneuritis (Guillain-Barre syndrome) INTERVAL BETWEEN ONSET AND DEATH 14 days 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		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)	
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? 364X	
22. I hereby certify that I attended the deceased from <u>March 23, 1952</u> , to <u>March 27, 1952</u> , that I last saw the deceased alive on <u>March 27, 1952</u> , and that death occurred at <u>7:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Clarence C. Mueller</i>		23b. ADDRESS M.D. 634 N. Grand Blvd.	23c. DATE SIGNED 3-27-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-29-1952	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Oak Hill, Missouri
DATE REC'D BY LOCAL REG. MAR 27 1952	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D. P.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER COLONIAL MORTUARY	

(Licensed Embalmer's Statement on Reverse Side) 6464 Chippewa, St. Louis, Mo

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr C E Mueller
JE 7469
2:00 to 4:00 PM

Missouri Theatre Building

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 _____

Linus C. Hoffmeister

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.