

No. 300
10-48

FILED APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15176

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 866

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

1. PLACE OF DEATH a. COUNTY St. Louis		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 Koch (rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital		d. STREET ADDRESS (If rural, give location) 1734 Washington	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Lee c. (Last) Jenkins			4. DATE OF DEATH (Month) (Day) (Year) 3-28-52			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 10-25-01	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce peddler		10b. KIND OF BUSINESS OR INDUSTRY Produce		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Jenkins	13b. MOTHER'S MAIDEN NAME Ollie Brinkley	14. NAME OF HUSBAND OR WIFE Mary Smith, deceased
------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) Yes	16. SOCIAL SECURITY NO. (If yes, give year or date of service) W.W.II 523-12-2863	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records, Robt. Koch Hospital
---	---	---

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 3 yrs(?)
	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 102X	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18-1952, to 3-28-1952, that I last saw the deceased alive on 3-28-1952, and that death occurred at 9:30P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Axel R. Roman M.D.	23b. ADDRESS Robert Koch Hospital	23c. DATE SIGNED 3-29-52
---	-----------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1st 1952	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Centralia, Illinois
---	--------------------	------------------------------------	---

DATE REC'D BY LOCAL REG. 4-1-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Queen-Boggs-Centralia, Ill.
---------------------------------	---	--

3W (Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4366

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.