

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3374

45102

FILED JAN 17 1953  
BIRTH NO. 82130 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2229

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST. LOUIS</u>                                                                                                                                                                                                         |  | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>                                                                                                                                                                                                                                                                   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>                                                                                                                                                             |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u>                                                                                                                                                                                                                                                                                                                 |  |
| c. LENGTH OF STAY (in this place) <u>29 Days</u>                                                                                                                                                                                                        |  | d. STREET ADDRESS (If rural, give location) <u>Box 282</u>                                                                                                                                                                                                                                                                                                                                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY Hospital</u>                                                                                                                                                                                |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 28 52</u>                                                                                                                                                                                                                                                                                                                                                          |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>John</u>                                                                                                                                                                                           |  | b. (Middle) <u>Jenkins</u>                                                                                                                                                                                                                                                                                                                                                                                     |  |
| c. (Last) <u>Jenkins</u>                                                                                                                                                                                                                                |  | 5. SEX <u>Male</u>                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 6. COLOR OR RACE <u>White</u>                                                                                                                                                                                                                           |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>                                                                                                                                                                                                                                                                                                                                           |  |
| 8. DATE OF BIRTH <u>11-30-52</u>                                                                                                                                                                                                                        |  | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>29</u> IF UNDER 12 HRS. Days Hours Min.                                                                                                                                                                                                                                                                                                              |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>                                                                                                                                                 |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>                                                                                                                                                                                                                                                                                                                                                                  |  |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Clayton Missouri</u>                                                                                                                                                                              |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                                                                                                                                                                                                                                                                                                                                                     |  |
| 13a. FATHER'S NAME <u>Raymond Jenkins</u>                                                                                                                                                                                                               |  | 13b. MOTHER'S MAIDEN NAME <u>Helen Smith</u>                                                                                                                                                                                                                                                                                                                                                                   |  |
| 14. NAME OF HUSBAND OR WIFE <u>None</u>                                                                                                                                                                                                                 |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>                                                                                                                                                                                                                                                                                           |  |
| 16. SOCIAL SECURITY NO. <u>None</u>                                                                                                                                                                                                                     |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Jenkins</u> ADDRESS <u>Manchester Mo</u>                                                                                                                                                                                                                                                                                                                          |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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 checked="" 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) (Min.)                                                                                                                                                                                                  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                         |  |
| 21f. HOW DID INJURY OCCUR?                                                                                                                                                                                                                              |  | 776X                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 22. I hereby certify that I attended the deceased from <u>11-30, 1952</u> to <u>12-28, 1952</u> , that I last saw the deceased alive on <u>12-28, 1952</u> , and that death occurred at <u>4:15 Am.</u> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 23a. SIGNATURE (Degree or title) <u>Edmont R. Thiele</u>                                                                                                                                                                                                |  | 23b. ADDRESS <u>M-84 6018 Brentwood Clayton</u>                                                                                                                                                                                                                                                                                                                                                                |  |
| 23c. DATE SIGNED                                                                                                                                                                                                                                        |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>                                                                                                                                                                                                                                                                                                                                                     |  |
| 24b. DATE <u>2-6-53</u>                                                                                                                                                                                                                                 |  | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. LOUIS CREMATORY</u>                                                                                                                                                                                                                                                                                                                                                  |  |
| 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>                                                                                                                                                                                       |  | DATE REC'D BY LOCAL REG. <u>1-6-53</u>                                                                                                                                                                                                                                                                                                                                                                         |  |
| REGISTRAR'S SIGNATURE <u>Hudson R. Dambach</u>                                                                                                                                                                                                          |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>601 S. Brentwood</u>                                                                                                                                                                                                                                                                                                                                               |  |

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

Not Embalmed



Curtis H. Lohr, M.D.  
Supt. & Medical Director

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**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. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.