

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33477

State File No. ....

FILED OCT 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8867

1. PLACE OF DEATH a. COUNTY		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, Missouri</u>		c. CITY OR TOWN <u>St. Louis, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>2 Weeks</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Desloge Hospital</u>			
e. STREET ADDRESS (If rural, give location) <u>13 708 Park Ave.</u>			

3. NAME OF DECEASED (Type or Print) <u>CLARENCE JENKERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 11, 1953</u>		
a. (First)		b. (Middle)		c. (Last)	

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>10-24-1889</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unk.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>unk.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Palmer, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>James Jinkerson</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie Belfield</u>			14. NAME OF HUSBAND OR WIFE <u>Grace Jinkerson</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>499-01-7179</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Glenn Jinkerson, 946 Hickory, St. Louis, Mo.</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARBON DIOXIDE INTOXICATION System</u>						<u>2 MONTHS</u>	
		ANTECEDENT CAUSES							
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) <u>CHRONIC PULMONARY EMPHYSEMA</u>						<u>20 YEARS</u>	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. <u>BLEEDING, PERFORATED PEPTIC GASTRIC ULCER</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NATURAL-CAUSES</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5271</u>	
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22. I hereby certify that I attended the deceased from Aug 21, 1953, to SEPT 12, 1953, that I last saw the deceased alive on SEPT 12, 1953, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Emil Fri</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Desloge Hospital</u>			23c. DATE SIGNED <u>9-12-53</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-14-1953</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Bonne Terre Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>SEP 14 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McAughlin Funeral Home, Inc.</u>		ADDRESS <u>2301 Lafayette</u>	
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S.P. (Licensed Embalmer's Statement on Reverse Side) St. Louis 4, Missouri

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

2202

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.....  
Signature of Student Embalmer

Signed *James R. Chapman*.....  
Licensed Embalmer No. *43*.....  
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.