

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**34550**

State File No. \_\_\_\_\_

**FILED OCT 2 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2915

<b>1. PLACE OF DEATH</b> a. COUNTY <u>1 LOUIS</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>833 HOLLAND AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>833 Holland</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>MAY</u> c. (Last) <u>JENKINS</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>9 8 53</u>		
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>col</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>8/2/1900</u>		<b>9. AGE</b> (In years last birthday) <u>53</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>AT HOME</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>OKOLONA MISS</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>US</u>

<b>13a. FATHER'S NAME</b> <u>MOSES LYNCH</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>AGNES SYKES</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Joseph Jenkins</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Joseph Jenkins</u> ADDRESS <u>833 Holland</u>	

<b>18. CAUSE OF DEATH</b> 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.			<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPertensive Cardiovascular Disease</u>			DUPLICATE (b) <u>Chronic Nephritis</u>			<u>15 Years</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUPLICATE (c) <u>NONE.</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								

<b>19a. DATE OF OPERATION</b> <u>NONE</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>NONE.</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>592X</u>	

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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**22. I hereby certify that I attended the deceased from 8/15, 1953, to 8/25, 1953, that I last saw the deceased alive on 8/25, 1953, and that death occurred at 4 p. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Frank B. Nohring M.D. O</u>		<b>23b. ADDRESS</b> <u>BARNES HOSPITAL, ST. LOUIS</u>		<b>23c. DATE SIGNED</b> <u>9/9/53</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>9/14/53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>FATHER DIETZ</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>ST LOUIS CO MO</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>9/11/53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Hebeard P. Spunk M.D.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Susan C. Lewis</u>		<b>ADDRESS</b> <u>22 E. 6th and</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed AP Richards

Signed.....  
Student Embalmer

Licensed Embalmer No. 2928

P. O. Address. 2625 Glasgow

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.