

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> /				c. LENGTH OF STAY (In this place)		b. COUNTY <u>Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>210 Marion Street</u>				e. STREET ADDRESS (If rural, give location) <u>23 210 Marion St</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>0</u>	
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>		a. (First)		b. (Middle)		c. (Last) <u>JENKINS</u>	
5. SEX <u>Male 2</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 19 1954</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>Jan 18 1892</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>62 4 1</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Greensboro Ala /</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Jenkins</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Parker</u>		14. NAME OF HUSBAND OR WIFE			
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>499-01-6029</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Amanda Balom Holt, Ala</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL FIBROSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 YRS.</u>	
				ANTECEDENT CAUSES DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		<u>5 YRS.</u>	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>GENERALIZED ARTERIOSCLEROSIS</u>		<u>10 YRS.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) <u>4200</u>			
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?			
22. I hereby certify that I attended the deceased from <u>JUNE 4</u> , 19 <u>49</u> , to <u>MAY 17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>MAY 17</u> , 19 <u>54</u> , and that death occurred at <u>1.00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward G. Canepa, M.P.</u> (Degree or title)				23b. ADDRESS <u>22202 So. Broadway, St. Louis, Mo.</u>		23c. DATE SIGNED <u>5/25/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-25-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>MAY 24 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.H. Randle &amp; Son</u>		ADDRESS <u>3133 Bell Ave</u>	

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..

Student.....  
Signature of Student Embalmer

Signed *Leroy H. Summister*.....

Licensed Embalmer No. *452*.....

P. O. Address *3880 Ego*.....

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.