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FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31054

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1008 Registrar's No. 8192

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location) 826 N. Channing 2214

3. NAME OF DECEASED (Type or Print)
a. (First) Samuel
b. (Middle)
c. (Last) Jenkins

4. DATE OF DEATH (Month) 9 (Day) 15 (Year) 55

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July-3 -1903

9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor

10b. KIND OF BUSINESS OR INDUSTRY Labor

11. BIRTHPLACE (City and State or Foreign Country) Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jim Jenkins

13b. MOTHER'S MAIDEN NAME Annie James

14. NAME OF HUSBAND OR WIFE Georgia Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 432-36-1636

17. INFORMANT'S SIGNATURE OR NAME Georgia Jenkins
ADDRESS 826n Channing

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage.
INTERVAL BETWEEN ONSET AND DEATH: Undt.

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.
Terminal Pneumonia.
Acute Glomerulonephritis.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 331 X

20. AUTOPSY? YES ☒ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-13- *, 19*55*, to* 9-15 *, 19*55*, that I last saw the deceased alive on* 9-15- *, 19*55*, and that death occurred at* 7:35p *m., from the causes and on the date stated above.*

23a. SIGNATURE Edw. L. Williams
(Degree or title) M.D.

23b. ADDRESS 2601 N. Whittier St.

23c. DATE SIGNED 9-17-55

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE 9 22 55

24c. NAME OF CEMETERY OR CREMATORY Oakedale Cem

24d. LOCATION (City, town, or county) Lemay, Mo (State)

DATE REC'D BY LOCAL REG. SEP 19 1955

REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE A.H. Burks
ADDRESS 3506 Franklin

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jas J Yandel

Licensed Embalmer No. 42

P. O. Address Webster

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.