

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3392

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		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>JEFFERSON BARRACKS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>NIL</u>		e. STREET ADDRESS (If rural, give location) <u>2421 ECOFF</u> <u>2039</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2844 SHERIDAN RD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>L</u>	
c. (Last) <u>JENKINSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>15</u> <u>56</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 5<sup>th</sup> 1877</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>10</u>	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT-HOME</u>	11. BIRTHPLACE (City and State or Foreign Country). <u>ENGLAND</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		13a. FATHER'S NAME <u>Edward - MASSEY</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN - JOYNSON</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN - W - JENKINSON</u>	
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>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EDITH - ESSMUEHLER - 2844 SHERIDAN RD</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>ARTERIO SCLEROTIC HEART DISEASE</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>  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. <u>HYPERTENSION</u> <u>PORTAL CIRRHOSIS</u>  <u>10 yrs</u> <u>10 yrs</u>	
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION  <u>4200</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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>4/2 1946</u> , to <u>1-15 1956</u> , that I last saw the deceased alive on <u>1-4 1956</u> , and that death occurred at <u>B P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. K. Betcherhoff M.D.</u>		23b. ADDRESS <u>634 20 Grand</u>	
23c. DATE SIGNED <u>1/16/56</u>		24. BURIAL INFORMATION	
24a. DATE <u>1-18-56</u>		24b. NAME OF CEMETERY OR CREMATORY <u>ST. MATHEW CEM.</u>	
24c. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY. B. SMITH - MAPLEWOOD 17 Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-19-56</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Wombard</u>	

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

Dr. (Licensed Embalmer's Statement on Reverse Side)

**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.....

Licensed Embalmer No. 40

P. O. Address Maple

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.