

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1957

State File No. **43253**
11527

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Illinois</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY OR TOWN <i>Scott Air Force Base</i>	
c. LENGTH OF STAY (in this place) <i>1 DAY</i>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis Children's Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>111 Prior Drive</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Thomas</i> b. (Middle) <i>Sterling</i> (Last) <i>Jenkins</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 16, 1956</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>Sept 9, 1956</i>
9. AGE (In years last birthday) <i>3 mo.</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Illinois</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>

13a. FATHER'S NAME <i>Thomas H. Jenkins Jr.</i>	13b. MOTHER'S MAIDEN NAME <i>Jane Warfield</i>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Jane Henrichsen</i> ADDRESS <i>590 S. Kingshighway St. Louis Mo.</i>

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>influenza meningitis</i>		INTERVAL BETWEEN ONSET AND DEATH
	b. ANTECEDENT CAUSES <i>Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	c. DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>340.0</i>	20. AUTOPSY? YES <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 *12-15, 1956*, to *12-16, 1956*, that I last saw the deceased alive on *12-16, 1956*, and that death occurred at *3:25 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Barbara Jones M.D.</i>	23b. ADDRESS <i>590 S. Kingshighway St. Louis, Missouri</i>	23c. DATE SIGNED <i>12-16-56</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Rail-Ex-press</i>	24b. DATE <i>Dec. 19, 1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Fredericksburg, Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Fredericksburg, Va.</i>
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DATE REC'D BY LOCAL REG. <i>DEC 17 1956</i>	REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>BEIDERWIEDEN F.H. INC.</i> ADDRESS <i>1936 St. Louis Ave.</i>
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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, ~~by~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed, *Elmer P. Radwell*.....

Licensed Embalmer No. *407*.....

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.