Dept. Health, Educ., & Welfare
U. S. Public Health Service

V. S. 300
Rev. 1-57

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030574
State File No.

FILED AUG 28 1958

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7534

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) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 19 Peoples Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ill.
b. COUNTY St. Clair 1
c. CITY OR TOWN E. St. Louis 8120 8
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 32 1230 R. Baker

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

4. DATE OF DEATH (Month) (Day) (Year) July 31, 1958

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH March 10, 1877
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR: Months 89, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (City and State or Foreign Country) Paducah, Ky
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME JAMES JENKINS 1018 TUDOR ADDRESS E. St. Louis Ill.

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Gangrene Right Foot — 3 mons. (Hist.)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 332X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? 2 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* 7-21-, 1958, *to* 7-31-, 1958, *that I last saw the deceased alive on* 7-31-, 1958, *and that death occurred at* 9:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE W. A. Fingal (Degree or title) MD
23b. ADDRESS 1652 Central Ave. E St Louis Ill
23c. DATE SIGNED 8-1-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Aug. 5, 1958
24c. NAME OF CEMETERY OR CREMATORY Booker Washington
24d. LOCATION (City, town, or county) Centerville Twsp. (State) Ill.

DATE REC'D BY LOCAL REG. AUG 2 '58
REGISTRAR'S SIGNATURE J. Carl Smith M.D. S.P.
25. FUNERAL DIRECTOR'S SIGNATURE Claudia M. Nash ADDRESS 1111 N. 13th St.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Required by 193.140 MoRS 1949.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Claudia M Nash

Licensed Embalmer No. 452

P. O. Address 111 N. 13th

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