FILED VS JUN 20 1960

URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-025166
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1714

NDED

1. PLACE OF DEATH a. COUNTY St.Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Length of stay in 1b YRS.	c. CITY OR TOWN Kirkwood — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 728 E.Madison Ave. — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 728 E.Madison Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: George	Middle: Arthur	Last: Jenkins	4. DATE OF DEATH	Month: 5	Day: 30	Year: 1960
5. SEX: M	6. COLOR OR RACE: W	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 11/5/'98	9. AGE (last birthday): 61	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HR: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist	10b. KIND OF BUSINESS OR INDUSTRY: Progres.Service	11. BIRTHPLACE (City and state or country): Paragould,Ark	12. CITIZEN OF WHAT COUNTRY: U.S.A.				
13a. FATHER'S NAME: George F.Jenkins	13b. MOTHER'S MAIDEN NAME: Dora Belle Scott	14. NAME OF HUSBAND OR WIFE: Maude Tarrant Jenkins					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 496-18-2748	17. INFORMANT: Maude Jenkins	Address: 728 E Madison Ave.				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of the Prostate — INTERVAL BETWEEN ONSET AND DEATH: 3mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March, to May and last saw her/him alive on 16 May 60

Death occurred at 30 May 60 - 1 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.

22b. ADDRESS: 4660 Maryland

22c. DATE SIGNED: 31 May 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6/1/1960	23c. NAME OF CEMETERY OR CREMATORY: St Peters Cemetery	23d. LOCATION (City, town, or county): Normandy	(State): Mo.
24. FUNERAL DIRECTOR: Mittelberg	ADDRESS: Webster Groves,Mo.	25. DATE RECD. BY LOCAL REG.: 6-1-60	26. REGISTRAR'S SIGNATURE: [signature] M.D.	

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Stanley G. Sifton

Licensed Embalmer No. 4195

P. O. Address St. L.

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