

318 Primary Registration District No. 1003 Registrar's No. 9086 -60-036236 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOMER G. PHILLIPS HOSPITAL		d. STREET ADDRESS (If outside, give location) 2141 Dickson Apt 310	

3. NAME OF DECEASED (Type or print) First Alonzo Middle Jenkins Last			4. DATE OF DEATH Month September Day 12 Year 1960		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/2/1924	9. AGE (last birthday) 36	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser		10b. KIND OF BUSINESS OR INDUSTRY Manufactury (Clothing)		11. BIRTHPLACE (City and state or country) Summer, Mass.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Julia Jenkins		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. 426-52-0276		17. INFORMANT Address Mrs. Julia Jenkins 2141 Dickson Apt 310			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) (Contrib: - Acute intestinal obstruction with gangrene) (voluntarily).		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) While under going operation (acute Intestinal Gangrenatitis) at City Hospital #2 on September 12, 1960	
20c. TIME OF INJURY Hour 9 Month, Day, Year 12 60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) Hosp	20f. CITY, TOWN, OR LOCATION St Louis Mo
21. I attended the deceased from 139 P. to P. and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Paul J. Simon (Degree or title) Deputy Coroner		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 9/14/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/19/60	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, County, Missouri	
24. FUNERAL DIRECTOR ADDRESS E.B. Konce 1221 N. Grand Blvd.		25. DATE RECD. BY LOCAL REG. SEP 14 1960	26. REGISTRAR'S SIGNATURE Earl Smith. M.D.	

DOCUMENT

MEDICAL CERTIFICATION

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

Melvin Blackburn

Licensed Embalmer No. 346

P. O. Address 1221 N. ...

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