

AMENDED **318** Primary Registration District No. **1003** Registrar's No. **5650** STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

Registration District No. **318** Filed **JUN 26 1961**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3540 S. Second St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3540 S. 2nd St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Homer</b> Middle <b>J.</b> Last <b>Jenkins</b>			4. DATE OF DEATH Month <b>June</b> Day <b>16,</b> Year <b>1961</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-26-1898</b>	9. AGE (last birthday) <b>62</b>	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) <b>Chauffeur</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bee Line Trucking Co., Princeton, Indiana</b>		11. BIRTHPLACE (City and state or country) <b>U S A</b>		
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <b>Eugene Jenkins</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy</b>		14. NAME OF HUSBAND OR WIFE <b>Marie</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs. Marie Jenkins 3540 S. 2nd St.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <del>WIDESPREAD CARCINOMA OF ENTIRE OROPHARYNX CAUSING GENERAL PHYSICAL DEBILITY.</del> DUE TO (b) <b>CHRONIC PULMONARY TUBERCULOSIS</b> DUE TO (c) <b>CAUSE OF CARCINOMA NOT KNOWN, PROBABLY EXCESSIVE SMOKING</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>1 YR.</b> <b>5 YRS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>HYPERTENSION; CORONARY OCCLUSION; HEMI-PLEGIA.</b>				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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.) <b>147 X A</b>				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <b>6-25-60</b> to <b>DEATH</b> and last saw her/him alive on <b>JUNE 3, 1961</b> Death occurred at <b>4 a.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>Louis J. Birshner</b> (Degree or title) <i>Louis J. Birshner</i> M. D.			22b. ADDRESS <b>634 N. GRAND, ST. LOUIS 3, MO.</b>		22c. DATE SIGNED <b>6-16-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <b>Indianapolis, Indiana</b>	23d. LOCATION (City, town, or county) (State) <b>Indianapolis, Indiana</b>			
24. FUNERAL DIRECTOR ADDRESS <b>C. Hoffmeister Mortuaries</b> <b>7814 S. Broadway</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 16 1961</b>	26. REGISTRAR'S SIGNATURE <i>Leard Smith M.D.</i>			

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John J. Henneke

Licensed Embalmer No. 4194

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.