

SSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH =61-026960

Registration District No. **XC 1139000** Primary Registration District No. **318-25825** Registrar's No. **1003** **6907** STATE FILE NUMBER

AMENDED FILED AUG 3 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b 48 days	c. CITY OR TOWN East St Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vet Adm Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 908 Bond Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First **John** Middle **H** Last **Jenkins** 4. DATE OF DEATH Month **7** Day **24** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **2/4/88** 9. AGE (last birthday) **73** 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) **Packing House Worker** 10b. KIND OF BUSINESS OR INDUSTRY **Jefferson County, Ark** 11. BIRTHPLACE (City and state or country) **USA** 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME **Mark Jenkins** 13b. MOTHER'S MAIDEN NAME **Mary Green** 14. NAME OF HUSBAND OR WIFE **Pearl Jenking**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WW I** 16. SOCIAL SECURITY NO. 17. INFORMANT Address **(Wife) Pearl Jenkins E. St Louis, Ill.** **908 Bond 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) **MYOCARDIAL INFARCTION** INTERVAL BETWEEN ONSET AND DEATH **3 DAYS**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **ARTERIOSCLEROTIC HEART DISEASE** DUE TO (c) **420.0**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **DIABETES MELLITES** 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 Month, Day, Year a.m. p.m.

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. attended the deceased from **6/7/61** to **7/24/61** and last saw him live on **7/24/61** Death occurred at **7:15 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Herbert Rakatansky M.D.** 22b. ADDRESS **VAH, St Louis, Mo.** 22c. DATE SIGNED **7/24/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **7-30-61** 23c. NAME OF CEMETERY OR CREMATORY **Nat. Cemetery, J.B., Mo.** 23d. LOCATION (City, town, or county) (State) **Jefferson Barracks, Mo.**

24. FUNERAL DIRECTOR **Nash Funeral Home, E. St Louis, Ill.** ADDRESS **M. Spencer Wash** 25. DATE RECD. BY LOCAL REG. **JUL 25 1961** 26. REGISTRAR'S SIGNATURE **Paul Smith M.D.**

DATE AMENDED
INSTEAD OF
SHOULD READ
BY AFFIDAVIT OF

DOCUMENT
MEDICAL CERTIFICATION

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

M. Frances Huch

Licensed Embalmer No. 4434

P. O. Address 111 N. 13th St.

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.