

AMENDED

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Ill.</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri</b>		c. CITY OR TOWN <b>Collinsville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>1440 Keebler</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Rose Marie Jenkins</b>		4. DATE OF DEATH Month Day Year <b>August 26, 1961</b>	
5. SEX <b>Female</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>1/12/1908</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Pinkerneldt Austria</b>
13a. FATHER'S NAME <b>Jacob Hauser, Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Koehler</b>	14. NAME OF HUSBAND OR WIFE <b>Albert Jenkins</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>		17. INFORMANT <i>Alberta Farenzana</i> Address <b>1440 Keebler Collinsville, Ill.</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) <b>Subarchnoid Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Ruptured Aneurysm of Basilar Artery</b>			<b>3 hrs.</b>
DUE TO (c) <b>Hypertensive Arterio Sclerotic Cardiovascular Disease</b>			<b>7 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>443X</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
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>August 7, 1954</b> to <b>August 26, 1961</b> and last saw her alive on <b>August 26, 1961</b>		Death occurred at <b>12:01 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Alan L. Pearlman M.D.</i> (Degree or title)		22b. ADDRESS <b>D. BARNES HOSPITAL</b>	22c. DATE SIGNED <b>8/26/61</b>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <b>8/29/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SS Peter &amp; Paul Catholic Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Collinsville, Ill.</b>
24. FUNERAL DIRECTOR <i>Keith E. Paul</i>	ADDRESS <b>Collinsville, Ill.</b>	25. DATE RECD. BY LOCAL REG. <b>AUG 28 1961</b>	26. REGISTRAR'S SIGNATURE <i>Alan Smith, M.D.</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

Not

**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

*Embalmed*

Signed Keith E. Paul

Not

Licensed Embalmer No. 29-10168

P. O. Address 314 W. Main St.  
Collinsville, Illinois.

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.