

FILED DEC. 15 1942

318

Primary Registration District No. 1003

Registrar's No. 10150

Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days
In this community 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2212 Carr St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Jenkins

3. (b) If veteran, name war..... 3. (c) Social Security No. unknown

4. Sex Female 5. Color or race 3 negro 6. (a) Single, widowed, married, divorced 2 widow
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 19 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>6</u>	<u>11</u>	hr. min.

9. Birthplace Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation unk

11. Industry or business.....

12. Name unk

13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name unk
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel Simmons

(b) Address 2212 Carr St.

17. (a) Burial (b) Date thereof 12. 5. 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Atkins Brown

(b) Address 3644 Finney ave

19. (a) DEC 1 1942 (b) J. P. Foredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1942 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from October 31, 1942, to November 30, 1942; that I last saw her alive on November 30, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death:
Lobar Pneumonia 26 days
Diabetes Mellitus 4 yrs.

Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death)
59

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature S. E. Smith (M. D. or other)
Address 601 Whittier Date signed 12/2/42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Louis V. Attkins

Licensed Embalmer No.....

2842

P. O. Address.....

3644 Finney

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 this body is not embalmed, fact should be so stated above.