No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18861

State File No. 4413

FILED MAY 24 1957

BIRTH NO.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 *Registrar's No.* 4413

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

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. COUNTY	a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 12	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 27 Homer G. Phillips Hospital	e. STREET ADDRESS (If rural, give location) 2230 Cass Ave. Apt. 306

3. NAME OF DECEASED (Type or Print)	a. (First) MACK	b. (Middle)	c. (Last) JENIOUS	4. DATE OF DEATH	(Month) May	(Day) 4	(Year) 1957

5. SEX 2 Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 25, 1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 3 Days 9	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (City and State or Foreign Country) Oakley, Miss.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Jenious	13b. MOTHER'S MAIDEN NAME Jane ?	14. NAME OF HUSBAND OR WIFE Marion Jenious

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 487-32-3589 A	17. INFORMANT'S SIGNATURE OR NAME Joseph Jenious ADDRESS 3320 Aubert Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) *Fracture of Left Hip; when* DUE TO (b) *deceased fell to floor after* DUE TO (c) *stepping out of both tub at home on April 23 1957*	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION *about 1145 pm.* E90.3.0 20	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 27 House	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) St Louis Mo (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 23 57 11p. 45	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

23a. SIGNATURE James M Kelly Deputy Coroner (Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 5-6-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 10, 1957	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) St. Louis Co. Mo. (State)

DATE REC'D BY LOCAL REG. MAY 8 '57	REGISTRAR'S SIGNATURE Earl Smith MD m J B.	25. FUNERAL DIRECTOR'S SIGNATURE J. H. RANDLE & SON ADDRESS 3133 Bell Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ...., Student Embalmer No................

working under my personal supervision..

Student... Signed *Esther K. Harris*
     Signature of Student Embalmer

Licensed Embalmer No. *445*

P. O. Address *4181 Was*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail
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.