

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

7421

1. PLACE OF DEATH

County..... Registration District No. 787
Township..... Primary Registration District No. 3003
City St Louis (No. 4431 1/2) Broadway St. Ward)

File No.
Registered No. 1373
St. Ward)

2. FULL NAME

(a) Residence, No. Jennie M. Dowell St. 15 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24 1863</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>8</u>
		DAYS
		<u>14</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) <u>Sparta</u> (STATE OR COUNTRY) <u>Wisconsin</u>		
FATHER	13. NAME <u>Jerry Bennett</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Syracuse</u> (STATE OR COUNTRY) <u>N.Y.</u>	
MOTHER	15. MAIDEN NAME <u>Kee Sarah Bennett</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Syracuse</u> (STATE OR COUNTRY) <u>N.Y.</u>	
17. INFORMANT <u>Mrs. Pallas</u> (ADDRESS) <u>4431 1/2 Broadway</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Hope Cem</u> DATE <u>Feb 9</u> 19 <u>33</u>		
19. UNDERTAKER <u>C. Hoffmeister & Co</u> (ADDRESS) <u>72 1/2 Broadway</u>		
20. FILED <u>FEB - 8 1933</u> <u>W. E. J. [Signature]</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1931, to Feb 7 1933
I last saw her alive on Jan 31 1933 Death is said to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows:
arteriosclerosis
Chronic Myocarditis
an
hypertension
Other contributory causes of importance: Senility

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Yes Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Charles E. Sanderson, M. D.
(Address) 3720 Washington

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

