

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

Do not use this space.

**791**

**22147**

**1. PLACE OF DEATH**

County ..... Registration District No. **1803**  
 Township ..... Primary Registration District No. **2**  
 City **St. Louis** (No. **City Hospital #2**) St. .... Ward)

File No. ....  
 Registered No. **5919**  
 St. .... Ward)

**2. FULL NAME**

**Ocey Jennings** (Ocey JENNINGS)  
 (a) Residence, No. **3115 Larchmont Ave. 18** Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred **4** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Marie Jennings**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 1 - 1897**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**37 4 11**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Labored**  
 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) (STATE OR COUNTRY) **Texas**

FATHER 13. NAME **Allen Jennings**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Texas**

MOTHER 15. MAIDEN NAME **Mary Hunter**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Texas**

17. INFORMANT **Marie Jennings** (ADDRESS) **3115 Larchmont Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Pittsburg, Texas** DATE **June 18, 1934**

19. UNDERTAKER **J. A. Green** (ADDRESS) **2915 Larchmont Ave.**

20. FILED **6/13/34** Registrar **J. B. Bredbeck**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 12, 1934**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at **1:30 p.m.**

The principal cause of death and related causes of importance were as follows:

**Fracture of ribs, protrusion of chest both sides occurring when he attempted to board a freight car in St. Louis, Mo. The auto involved.**  
**Accident**

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? **Accid** Date of injury **6/12, 1934**  
 Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury **Fell attempting to board freight car**  
 Nature of injury **Fracture of ribs**

24. Was disease or injury in any way related to occupation of deceased? **Yes**  
 If so, specify **Occupation**  
 (Signed) **J. B. Bredbeck** M.D.  
 (Address) **2915 Larchmont Ave.**  
**6/13/34**

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.

