

JUL 14 1936

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

Do not use this space.

24529

1. PLACE OF DEATH

County Registration District No. **791**
Township City Registration District No. **1003**
City St. Louis Mo. (No. Mo Baptist Hosp.) St. Ward)

File No.
Registered No. **6148**
St. Ward)

2. FULL NAME

George E Jennings
(a) Residence, No. 5571 St Louis ave St., Ward.
(Usual place of abode) (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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Jennings</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5 - 1861</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>0</u>
	DAYS <u>9</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>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Police officer</u>	
	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) <u>St Louis Co. Mo.</u>		
FATHER	13. NAME <u>John Jennings</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Co Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Leanda Redding</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Co Mo.</u>	
17. INFORMANT <u>Emma Jennings</u> (ADDRESS) <u>5571 St Louis ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>June 16, 1936</u>		
19. UNDERTAKER <u>Edith E. Ambuster</u> (ADDRESS) <u>4234 Manchester av.</u>		
20. FILED <u>15</u> 19 <u>36</u> <u>J. F. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1936 to June 14, 1936
I last saw him alive on June 13, 1936 Death is said to have occurred on the date stated above, at 10:20 a.m.
The principal cause of death and related causes of importance were as follows:
acute myocarditis
93 a
Other contributory causes of importance:
arteriosclerosis
Hypertrophy of Prostate
Name of operation Prostatectomy Date of 5/28/36
What test confirmed diagnosis? Urinal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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) H. F. Beraman, M. D.
(Address) 3720 W 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.

3720 Washington
Dr. Richmond.
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