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

Do not use this space.

JUN 29 1937

File No. 21277

Registered No. 28

1. PLACE OF DEATH

County St. Louis — Registration District No. 786

Township Jefferson — Primary Registration District No. 4469 2

City Maplewood (No. 7317 Flora Ave. St. Ward)

2. FULL NAME JOHN R. JENNINGS

(a) Residence, No. 7317 Flora 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Jennings.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 27, 1861

7. AGE: Years 66 — Months 7 — Days 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U. S. Govm'nt

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): Kibown, Wisconsin

FATHER

13. NAME: Michael Jennings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: Anna Gangham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT: Mrs. Anna Jennings (wife)
(ADDRESS) 7317 Flora Blvd. Maplewood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New SS. Peter & Paul Cem. DATE June 4, 37

19. UNDERTAKER Gaughan Und. Co. Inc.
(ADDRESS) 7146 Manchester Ave.

20. FILED June 17, 1937 Pauline Bretenstein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June May 2nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1934, to June 2, 1937

I last saw him alive on June 2, 1937. Death is said to have occurred on the date stated above, at 5:50 A.m.

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

	Date of onset
Broncho-Pneumonia	5-31-37
Cerebral Hemorrhage (left)	
Other contributory causes of importance:	
Arteriosclerosis (General)	

Name of operation None Date of

What test confirmed diagnosis Phy. Exam 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?
If so, specify
(Signed) Everett J. Jaworski, M. D.
(Address) 607 N. Grand Ave.

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.

Dr. E. V. Jovanus Univ. Club Bldg 12-3
Grand + Washington

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