

REC'D MAR 24 1938

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

8188

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis ² Registration District No. 96
(b) Township Carroll Primary Registration District No. _____ Registered No. 353
(c) City Jefferson Barracks (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William T. JENNINGS, 552.
(a) Residence, No. 3030 Pine Street St. St. Louis, Missouri.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 7 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as 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) Nashville, Tennessee.

FATHER 13. NAME Sam Jennings.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland.

MOTHER 15. MAIDEN NAME Eliza Perteet,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia.

17. INFORMANT M. Schilly
(ADDRESS) Clinical Clerk, VAF, Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks Feb 25, 1938

19. FUNERAL DIRECTOR RANDLE UNDERTAKING COMPANY
(ADDRESS) ST. LOUIS, Missouri.

20. FILED 2-24 1938 T.R. Meyer, M.D. Nat'l P.H.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1938, to Feb. 21, 1938

I last saw him alive on Feb. 21, 1938. Death is said to have occurred on the date stated above, at 1:53 A.M.

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

Arteriosclerosis, generalized;
hypertension, severe. (Hypertensive heart disease). Date of onset unkn.

Other contributory causes of importance:
Myocardial Insufficiency, congestive type of cardiac failure. unkn.

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no.

Phys. clinical findings and laboratory.

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) C.W. Hughes, M.D. Ch. Med. Officer, M. D.

(Address) VAF, Jefferson Barracks, Mo.

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Hilliard, Licensed Embalmer No. 3389

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 3389

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)