

REC'D OCT 12 1938

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

30746
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis M o. Registration District No. 791
(b) Township St. Louis M o. Primary Registration District No. 1003 Registered No. 8183
(c) City St. Louis M o. (d) Street No. St. Lukes Hospital 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

Mary Jeannie Jennings 552
(a) Residence, No. 6603 University Drive U. City, St. Mo. (Usual place of abode, if no street address, write county or city) U. City, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Curtis M. Jennings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house-wife
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) St. Louis Mo. (STATE OR COUNTRY) Mo.

FATHER 13. NAME Henry Pitcher

14. BIRTHPLACE (CITY OR TOWN) London (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Gertrude Wilkenson

16. BIRTHPLACE (CITY OR TOWN) Alban (STATE OR COUNTRY) Ill.

17. INFORMANT Laura Jennings (ADDRESS) 6603 University Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. Sept. 17, 38

19. FUNERAL DIRECTOR (NAME) Alexander and Sons (ADDRESS) 6175 Delmar Blvd.

20. FILED SEP 16 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1938

22. I HEREBY CERTIFY That I attended deceased from Monday, Sept. 15, 1938 to Sept. 15, 1938
I last saw her alive on Sept. 15, 1938. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the Bladder Date of onset ?

Other contributory causes of importance:
Sacral Peritonitis, G.B., Diabetes mellitus, Intestinal obstruction. Sept. 12, 1934

Name of operation None Date of Sept. 12, 1934
What test confirmed diagnosis Pathology Was there an autopsy? Yes

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) J. B. Hamilton M. D.
(Address) 824 Hamilton Blvd. St. Louis, Mo.

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.

864
Case 2354

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Jos. E. McCulloch

or by _____

Registered Apprentice No. _____ working under my personal supervision.

Signed *Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Delmar Ct
Bethesda, MD*

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.)

If this body is not embalmed, above space should be left blank.