

STANDARD CERTIFICATE OF DEATH

State File No.

34311

Registrar's No.

8849

Registration District No.

791
1008

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Paul
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution about 1 hr.
 (Specify whether years, months or days) 80 yrs

3. (a) PRINT FULL NAME MARGARET JENNINGS
 (b) If veteran, name war nil
 (c) Social Security No. 552-195

4. Sex female 5. Color or race W.
 6. (a) Single, widowed, married, divorced S
 (b) Name of husband or wife nil
 (c) Age of husband or wife if alive nil years
 7. Birth date of deceased aug 26 1845
 (Month) (Day) (Year)

8. AGE: Years 94 Months 1 Days 20
 If less than one day hr min.

9. Birthplace County, Dumbur, Ireland
 (City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business "

- MOTHER FATHER
 12. Name John J. Jennings
 13. Birthplace Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret M. Connell
 15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward Jennings
 (b) Address 4416 Neesha Ave
 17. (a) Burial (b) Date thereof 10-19-39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Shuller Bros
 (b) Address 4257 Lindell Blvd
 19. (a) OCT 17 1939 (b) Joe Broadbent
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1
 (c) City or town St. Louis 15
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4416 Neesha
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month oct day 16
 year 1939 hour 4:00 P.M. minute _____
 21. I hereby certify that I attended the deceased from Oct 15, 1939
 _____, 19____, to Oct 16, 1939
 that I last saw h a alive on Oct 15, 1939
 and that death occurred on the date and hour stated above.
 Immediate cause of death Chronic degenerative myocarditis 70 yrs
 Duration 10 days

- Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 930

- PHYSICIAN
 Major findings: None
 Of operations _____
 Of autopsy Pulmonary blood congestion
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? _____ (Specify type of place)
 (a) Means of injury _____
 23. Signature James P. Overmyer (M. D. or other) 1
 Address 508 W. Bond Date signed 10/17/39

Handwritten notes:
1. 2000
2. 1000
3. 1000

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, or by.....

.....
working under my personal supervision.

Registered Apprentice No.
Signed *Howard A. Gowan*
Licensed Embalmer No. *3114*

P. O. Address.....

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.