

NOV 16 1940

791

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Infirmery.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution December 26, 1870  
21 yrs. (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME David Jennings.

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased November 26, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 9 18 hr. min.

9. Birthplace Sheboygan, Wisc.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business X

MOTHER FATHER { 12. Name Unknown.

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace Il  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Maloney

(b) Address 5800 Arsenal St.

17. (a) \_\_\_\_\_ (b) Date thereof 1-16-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutger

19. (a) Oct 1 1940 (b) J. F. Back  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL") 13  
(d) Street No. 5800 Arsenal St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. Sheboygan, Wisc.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 14,  
year 1940. hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from December 26,  
1939, to September 14, 19 40  
that I last saw him alive on September 14, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Regenerative Heart Disease  
Due to arteriosclerosis.

Other conditions \_\_\_\_\_  
(includes pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of operations [Signature]  
Of autopsy \_\_\_\_\_  
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 Nov  
(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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

---

---

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**