No. 2
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5-17-39
P1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22859

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6398

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CHRISTIANO HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 DAYS (Specify whether

In this community 10 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town PINE LAWN (If outside city or town limits, write "RURAL")

(d) Street No. 4123 BEACHWOOD (If rural, give location)

(e) If foreign born, how long in U. S. A.? — 1 years.

3. (a) PRINT FULL NAME IDA M. JENNINGS

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

4. Sex F 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LEO M. JENNINGS 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased FEB (Month) 13 (Day) 1907 (Year)

8. AGE: Years 35 | Months 5 | Days 15 | If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) OMO (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name ARTHUR MCCLURE
13. Birthplace — (City, town, or county) IND. (State or foreign country)

MOTHER
14. Maiden name CORNELIA HORN
15. Birthplace CARBONDALE (City, town, or county) ILL (State or foreign country)

16. (a) Informant Leo M. Jennings

(b) Address 4123 Beachwood

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 31 1942 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM

18. (a) Signature of funeral director L. B. Tanner

(b) Address 6107 Natural Bridge

19. (a) JUL 30 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1942 hour 2: minute P M.

21. I hereby certify that I attended the deceased from years, 19, to July 28, 1942; that I last saw her alive on July 28, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Splenomeglia- Bantings disease - with many nasal and rectal hemorrhages-

Due to 3 or 4 years. Followed by many blood transfusions.

Due to Secondary: General Anasarca- numerous Paracentesis. Splenectomy 7/27/42.

Other conditions Followed by shock and blood transfusion. (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 3718 Jennings Rd. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.