

FILED APR 23 1943 18
Registration District No.

Primary Registration District No. 1002

Registrar's No. 3498

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: MISSOURI PACIFIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 MONTH
In this community 67 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000 12 9/16
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 4106 WYOMING ST. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 12th
year 1943 hour 12 minute 05 P. M.
21. I hereby certify that I attended the deceased from 3-24
1943 to 4-18 1943
that I last saw him alive on 4-12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: carcinoma of stem with metastases
Duration
Due to Hb
Other conditions: Auricular fibrillation
(include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Elizabeth Jennings
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced, wid. dow
6. (b) Name of husband or wife MICHAEL JENNINGS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 18 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 25
If less than one day hr. min.

9. Birthplace KANSAS
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME

11. Industry or business
12. Name ROBERT FOY
13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)
14. Maiden name DONT KNOW
15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN R. JENNINGS
(b) Address 4106 WYOMING ST.

17. (a) BURIAL (b) Date thereof 4-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CANNARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 2040 Lindell Blvd.
19. (a) 14 1943 (b) J. F. Rudack
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury
23. Signature Heinz E. ... (M. D. ...)
Address mo. Pacific Hosp. Date signed 4/12/43

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

MOTHER FATHER

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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, fact should be so stated above.