

FILED JUN 23 1944 1818

State File No. _____

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 5313

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. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo - (b) County Warren
(c) City or town Jonesburg, Mo - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No - (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RUTH MARIE JENNINGS

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

4. Sex Female 5. Color or race Wh
6. (a) Single, widowed, married, divorced (Chd)
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased: Apr - 15 - 44
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 25 _____ hr. _____ min.

9. Birthplace Jonesburg, Mo - Warren Co
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Jennings
13. Birthplace Joneston, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Violet Cregar
15. Birthplace Jonesburg, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Jennings (Father)
(b) Address Jonesburg - Missouri
17. (a) Reburial (b) Date thereof 12-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jonesburg, Mo
18. (a) Signature of funeral director Frank Jennings (Father)
(b) Address Jonesburg, Mo
19. (a) JUN 12 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1944 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from
6-6-44 to 6-9-44
that I last saw her alive on 6-9-44
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Due to ant bronchitis
Pertussis?
Due to _____

Other conditions (Include pregnancy within 3 months of death) 9

Major findings: Of operations _____
Of autopsy _____

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) (c) Means of injury _____
23. Signature R. J. Blotner (M. D. or other)
Address 101 W. King Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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, fact should be so stated above.