

S. No. 2
M-5-43
v. 5-17-39
X35671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35442**
Registrar's No. **9287**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution:
4019a Kossuth Ave.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **4019a Kossuth Ave.**
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME **James E. Jennings**
3. (b) If veteran, name war _____
3. (c) Social Security No. **492-07-2098**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **9**
year **1945** hour **12** minute **30** A. M.
21. I hereby certify that I attended the deceased from **Nov. 5, 1945**
to **Nov. 8, 1945**
that I last saw him alive on **Nov. 8, 1945**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Selma Buehl Jennings**
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death: **Cardiovascular Decompensated heart**
Due to: **Blurred pattern**
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

7. Birth date of deceased: **February 8 1878**
(Month) (Day) (Year)

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

8. AGE: Years **67** Months **9** Days **1**
If less than one day _____ hr. _____ min.

9. Birthplace: **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Night Watchman**

11. Industry or business _____

12. Name **James Jennings**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Krause**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Selma Jennings**
(b) Address **4019a Kossuth Ave.**

17. (a) **Burial** (b) Date thereof **11/12/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**
18. (a) Signature of funeral director **Stroot-Carroll**
(b) Address **4600 Natural Bridge Ave.**
19. (a) **NOV 10 1945** (b) **J. F. Bredbeck**
(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 **Peter Cataldi** (M. D. or other) _____
Address **2801 N. Taylor** Date signed **11/9/45**

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.....

Ben C. Hoffman

Licensed Embalmer No. *4366*

P. O. Address *St. Louis, Mo*

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.