

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

State File No.

FILED JAN 21 1946
318

Registration District No.

Primary Registration District No.

1003

Registrar's No. 219

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Jennings

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Male 5. Color or race Col

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 15 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>22</u>	hr. min.

9. Birthplace Bedford Co. Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

12. Name Joe Jennings

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

14. Maiden name Margaret Cheatham

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

16. (a) Informant Kula Millender

(b) Address 3321 Lucas Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-46
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) JAN 8 1946 (Date received local registrar)

(b) J. J. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2811 Delmar
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1946 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from 1-3-
1946 to 1-6 1946
that I last saw him alive on 1-6-46
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Thrombosis
Arteriosclerotic Heart Disease

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy No

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 O. L. Daniels (M. D. or other)

Address 2601 N. Whittier Date signed 1/7/46

Duration Unk

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 L. Boyer
....., Registered Apprentice No. 1001
working under my personal supervision.

Signed

Lennie Boyer
.....
Licensed Embalmer No. 2946

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.