S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7590

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1842

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: 3994 Tholozan
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1617
(If outside city or town limits, write "RURAL")

(d) Street No. 3994 Tholozan 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Alfred S. Jennings

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

3. (c) Social Security No. 488-07-5058

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ida

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased August (Month) 9 (Day) 1879 ~~1880~~ (Year)

8. AGE: Years 66 ~~65~~ Months 6 Days 13 If less than one day hr. min.

9. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)

10. Usual occupation S.S. Bell Telephone Co.

11. Industry or business

FATHER
12. Name ~~Unknown~~ Linneaus C. Jennings
13. Birthplace Philadelphia ~~Unknown~~ Pa. ~~Unknown~~ (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ~~Unknown~~ Jane Moore
15. Birthplace Philadelphia ~~Unknown~~ Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ida Jennings
(b) Address 3994 Tholozan Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/25/46 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wacker-Helbeck
(b) Address 3634 Gravois Ave.

19. (a) FEB 25 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22 year 1946 hour 12 minute 05 A M.

21. I hereby certify that I attended the deceased from 2-4-46, 19 , to 2-21, 1946 that I last saw him alive on 2-21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Sudden)

Due to 83

Due to Arteria Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 4/24
Of autopsy

Duration

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 Joseph L. Ferris (M. D. or other)
Address 4065-50 Grand Date signed 2/23/46

(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.....

Licensed Embalmer No. 2645

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.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 7598-46

State of Mo.
City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 1842

On this 10th day of Jan, 1956, before me appears Ida Jennings, who, upon her oath, states that the original record of ~~birth~~ death for Alfred L. Jennings, ~~born~~ died 2-22-, 1946, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 12 should read Lizzie C. Jennings
Instead of unknown ~~Philadelphia Pa~~

Item No. 13 should read Philadelphia, Pa
Instead of unknown

Item No. 14 should read Jane Moore
Instead of Philadelphia

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ida Jennings Mf
Relationship.

3994 Tholozan Ave.
Present Address.

Subscribed and sworn to before me this 10 day of Jan, 1956.

My Commission expires 3-4-57 Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 460

7590