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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38748 / 9755

Registrar's No.

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: 3411 Hartford St.
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3411 Hartford St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edward M. Jennings

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April (Month) 11th, (Day) 1870 (Year)

8. AGE: Years 76 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation Employee of City of St. Louis

11. Industry or business

MOTHER FATHER

12. Name Richard D. Jennings

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

14. Maiden name Martha Loving

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

16. (a) Informant Frances P. Jennings

(b) Address 3411 Hartford, St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov. 19, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery Moberly, Missouri by Railroad

18. (a) Signature of funeral director Wacker-Helderle U.&L.Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) NOV 15 1946 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th year 1946 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from 11/8 1946 to 11/15 1946 that I last saw him alive on 11/15/46 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	5Min.
Myocarditis	7yrs.
Due to [illegible]	7 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: None
Of operations
Of autopsy

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 Chas. Simpson (M. D. or other) M.D.

Address 3739 Gravois Date signed 11/15/46

(Licensed Embalmer's Statement on Reverse Side)

37555

Mrs

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 Robert Cwheeler

Licensed Embalmer No. 2128

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.