

S. No. 2  
12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 31 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **11044**  
Registrar's No. **3098**

Registration District No. **318** Primary Registration District No. **100**

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

**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:  
**5549a Wabada Avenue**  
(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)

**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") **617**  
(d) Street No. **5549a Wabada Ave**  
(If rural, give location) **9**  
(e) Citizen of foreign country?..... **10**  
(Yes or No)  
If yes, name country.....

**3. (a) PRINT FULL NAME** **NORA JENNINGS**  
**3. (b) If veteran,** name war..... **3. (c) Social Security** No.....  
**4. Sex** **Female** **5: Color or race** **W**  
**6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **John Jennings**  
**6. (c) Age of husband or wife if alive**..... years  
**7. Birth date of deceased** **Dec. 11, 1881**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **March** day **22** year **1947** hour **6:20** AM minute..... M.  
**21. I hereby certify that I attended the deceased from** **10-1-46**, 19....., to **March 22, 1947**  
that I last saw her alive on **March 21, 1947**  
and that death occurred on the date and hour stated above.  
Immediate cause of death..... **myocarditis, chronic**  
Duration **6.70**

**8. AGE:** Years **65** Months **3** Days **11** If less than one day hr. min.  
**9. Birthplace** **Ireland**  
(City, town, or county) (State or foreign country)

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

**11. Industry or business**  
**12. Name** **---Cavanaugh**  
**13. Birthplace** **Ireland**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Mary Mahon**  
**15. Birthplace** **Ireland**  
(City, town, or county) (State or foreign country)

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

**16. (a) Informant** **Mrs. Mary Schwaegel**  
**(b) Address** **5549a Wabada Ave**  
**17. (a) Burial** **(b) Date thereof** **3-25-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Calvary Cemetery**  
**18. (a) Signature of funeral director** **SULLIVAN BROTHERS**  
**(b) Address** **2840 North Euclid Ave.**  
**19. (a) Date received local registrar** **March 24 1947** **(b) J. F. Brudick**  
(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)  
**23. Signature** **Thomas J. Hanlon** (M. D. or other) **MD**  
**Address** **4500 Olive** **Date signed** **3/24/47**

(Licensed Embalmer's Statement on Reverse Side)

Hanlon

Dr. Thomas Hanlon

To 3800

4500 Olin

Monday 10am

to 12:00

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 Pinkman* .....

Licensed Embalmer No. 3523 .....

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.**