S. No. 300
v. 10.48

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

FILED JUL 5 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 21221

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5467

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 0
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DePaul Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 96
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves 7
d. STREET ADDRESS (If rural, give location): N.R. - 349 East Oakwood Avenue 1

3. NAME OF DECEASED (Type or Print): a. (First) MARIE b. (Middle) FRIEDA c. (Last) JENNEMANN
4. DATE OF DEATH (Month) (Day) (Year): June 24, 1949
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single U
8. DATE OF BIRTH: September 5, 1891
9. AGE (In years last birthday): 57 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office
11. BIRTHPLACE (State or foreign country): 9
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Henry Jennemann
13b. MOTHER'S MAIDEN NAME: Rosa Dreste
14. NAME OF HUSBAND OR WIFE: Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Rosa Jennemann; ADDRESS: 349 E. Oakwood

**MEDICAL CERTIFICATION**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Generalized adenopathy — 1 mo; Pleuritis left with effusion — 2 weeks

19a. DATE OF OPERATION: 6/10/49
19b. MAJOR FINDINGS OF OPERATION: Splenomegalia
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 740
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 2041

22. *I hereby certify that I attended the deceased from* 6/7, 1947, *to* 6/24, 1949, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:05 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: N. L. Mistachkin (Degree or title) MD
23b. ADDRESS: 4482 Washington Blvd.
23c. DATE SIGNED: 6-24-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-27-49
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: JUN 24 1949
REGISTRAR'S SIGNATURE: J. B. Lucas
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. A. Stock Mortuary, 2117 E. Grand

(Licensed Embalmer's Statement on Reverse Side)

Dr. N. L. Mistachkin
4482 Washington Blvd.

MAR 13

## 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 ..... Student Embalmer No. ..... working under my personal supervision.

Signed Frank A. Moore

Signed .....
Student Embalmer

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.