

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3238

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 186

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood
c. LENGTH OF STAY (in this place) 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Marine Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crescent 4990
d. STREET ADDRESS (If rural, give location) None 1

3. NAME OF DECEASED
a. (First) HUME
b. (Middle) H. KKKKKKKK
c. (Last) JENNISH

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 21 1951

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 20 Feb 1899

9. AGE (In years from birthday) 50

10. MONTHS 11
11. DAYS 1
12. HOURS 1
13. MIN. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Charles F. Jennish

13b. MOTHER'S MAIDEN NAME Pearl Ismond

14. NAME OF HUSBAND OR WIFE Hermina A. Jennish, wife

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Of yes, give war or dates of service) yes WW I

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME Hume Jennish, deceased ADDRESS _____

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Car diac irregularity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic heart disease with mitral stenosis, aortic stenosis
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
cardiac cirrhosis of liver

INTERVAL BETWEEN ONSET AND DEATH
1 min.

30 years

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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) 410X _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5 Jan 1951, to 21 Jan 1951, that I last saw the deceased alive on 20 Jan. 1951, and that death occurred at 1:45 Am., from the causes and on the date stated above.

23a. SIGNATURE Wm. H. Stimson, M.D., Surg. USPHS

23b. ADDRESS U.S. Marine Hospital, Kirkwood

23c. DATE SIGNED 21 Jan. 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-23-1951

24c. NAME OF CEMETERY OR CREMATORY National Ceme.

24d. LOCATION (City, town, or county) (State) Jefferson Brks., Mo.

DATE REC'D BY LOCAL REG. 1/23/51

REGISTRAR'S SIGNATURE Herbert P. Tomke

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith, Maplewood 17, Mo.

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

4003

FEB 21 1957

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

A. J. Burgess

Signed.....
Student Embalmer

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.