

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3277

FILED FEB 2 1951
BIRTH NO. 5704-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 193

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

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HGTS	c. LENGTH OF STAY (In this place) 88	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS. 4880	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys HOSPITAL.		d. STREET ADDRESS (If rural, give location) 1106 GORGAS AVE	
3. NAME OF DECEASED (Type or Print) Baby m		a. (First) b. (Middle) c. (Last) Jennewine	4. DATE OF DEATH (Month) (Day) (Year) Jan 22, 1951
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH Jan 21, 1951
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Min. 8 40
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? USA		13a. FATHER'S NAME Norman Jennewine	13b. MOTHER'S MAIDEN NAME Dorthy Bitters
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Norman Jennewine, 1106 GORGAS AVE.		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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital diaphragmatic hernia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) pulmonary edema DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Cong diaphragmatic hernia 560H		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from _____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:18 A.M., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Donke MD	(Degree or title)	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 1/23/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 23, 51	24c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery	24d. LOCATION (City, town, or county) (State) Mattesee, Mo.

DATE REC'D BY LOCAL REG. 1-23-51	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co.	ADDRESS 7420 Michigan Ave.
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Rwp (Licensed Embalmer's Statement on Reverse Side)

L. J. Hartnett.
J. Mead

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.....

Not Embalmed

Signed.....
Student Embalmer

Licensed Embalmer No..... *X*

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.