

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2946

State File No. _____

FILED JAN 26 1952

BIRTH NO. _____

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0218

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 4961 Loughborough			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Gertrude	b. (Middle) S	c. (Last) Jenner	(Month) Jan	(Day) 12,	(Year) 1952
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH June 3, 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Grafton, Ill.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Slaten		13b. MOTHER'S MAIDEN NAME Victorine Nugent		14. NAME OF HUSBAND OR WIFE John Jenner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME John Jenner	
				ADDRESS 4961 Loughborough	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS		
ANTECEDENT CAUSES		MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.	
		DUE TO (b)	
		DUE TO (c)	

Fr of the right hip. Caravan
Occlusion; suffered when she slipped and fell on the ice
side entrance to her home at 4961 Loughborough Ave on Jan 6 1952 at about 10:30 AM
accident

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. INTERVAL BETWEEN ONSET AND DEATH YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Walk		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo Mo	
21d. TIME OF INJURY Jan 6 5:10 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6903020	

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

23a. SIGNATURE <i>Edward Henry Nugent</i>		(Degree or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 1/14/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/15/52	
24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.		24d. LOCATION (City, town, or county) Grafton Ill.		(State)	

DATE REC'D BY LOCAL REG. JAN 14 1952		REGISTRAR'S SIGNATURE <i>Earl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons	
				ADDRESS 7027 Gravois	

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

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 *Neville D. Frohwitter*

Signed.....
Student Embalmer

Licensed Embalmer No. *3696*

P. O. Address *7027 Gravois*

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.