

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33822

State File No.

XC 582 203

REG # 104800

IL SEP 23 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2420

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place) 9 DAYS		2249	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. STREET ADDRESS (If rural, give location) 3334 SOUTH NINTH STREET	

3. NAME OF DECEASED (Type or Print) RICHARD L. JENNINGS			4. DATE OF DEATH (Month) (Day) (Year) 9-17-52		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5-16-95	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN JENNINGS		13b. MOTHER'S MAIDEN NAME EMILY OSTEMEYER		14. NAME OF HUSBAND OR WIFE IRENE H. JENNINGS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MO.	

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) SURGICAL SHOCK, IRREVERSIBLE			INTERVAL BETWEEN ONSET AND DEATH 4 HOURS
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) POST-OPERATIVE PNEUMONECTOMY			4 HOURS
		DUE TO (c) 5272			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BRONCHIECTASIS, RIGHT MIDDLE LOBE			

19a. DATE OF OPERATION 9-17-52		19b. MAJOR FINDINGS OF OPERATION BRONCHIECTASIS, RIGHT MIDDLE LOBE			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE		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) 5:15 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9-8-52 to 9-17-52, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE Herluf G. Lund (Degree or title) M.D.		23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.		23c. DATE SIGNED 9-17-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-22-52		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	
				24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MISSOURI	

DATE REC'D BY LOCAL REG. 9-18-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOUTHERN FUNERAL HOME, 6322 S. GRAND ST. LOUIS, MISSOURI	
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32 Licensed Embalmer's Statement on Reverse Side

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

S. No. 300
v. 10-48

1952 OCT 2

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. _____

Student _____
Student Embalmer _____

Signed *David Van Fossan*

Licensed Embalmer No. *424*

P. O. Address *632 1/2 St. Paul*

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.