

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26526**  
Registrar's No. **6793**

FILED JUL 31 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1221 Hebert</b>		d. STREET ADDRESS (If rural, give location) <b>26 1221 Hebert</b>	
3. NAME OF DECEASED a. (First) <b>Herman H.</b> b. (Middle) <b>Jenning</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>July 7 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 6, 1867</b>
9. AGE (In years last birthday) <b>85</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NIGHT WATCHMAN</b>	11. BIRTHPLACE (State or foreign country) <b>New Memphis Ill.</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>IRON FOUNDRY</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
13a. FATHER'S NAME <b>Christian Jenning</b>		13b. MOTHER'S MAIDEN NAME <b>Henrietta Kruger</b>	14. NAME OF HUSBAND OR WIFE <b>Alice B. Roseberry Jenning</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>489-14-2729</b>	
17. INFORMANT'S SIGNATURE OR NAME <i>Leroy Jenning</i>		ADDRESS <b>4501</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atherosclerosis (Artery)</b> b. <b>gangrene of left leg.</b> c. <b>Atherosclerosis</b> d. <b>Old age</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) <b>4501</b>			
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 <b>Jan 1951</b> , to <b>7-7, 1953</b> , that I last saw the deceased alive on <b>7-7, 1953</b> , and that death occurred at <b>8:45 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Joseph J. Kusler M.D.</i>		23b. ADDRESS <b>3504 N. 4th St</b>	
23c. DATE SIGNED <b>7-8-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>JULY 10, 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>NEW MEMPHIS</b>		24d. LOCATION (City, town, or county) (State) <b>New Memphis Ill.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 9 1953</b>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter H. Moore</i>	
REGISTRAR'S SIGNATURE <i>J. C. Smith M.D.</i>		ADDRESS <b>Macomb, Ill.</b>	

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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.....

..... not embalmed ..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Daniel H. Moll .....

Licensed Embalmer No. F 4864 Illinois  
8295

P. O. Address Manantla Illinois .....

(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.