

FILED JUN 27 1955

XC-1 721 413
Reg. 8878 SL-6011

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20129**
Registrar's No. **5132**

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (in this place) 8 days	c. CITY OR TOWN EAST ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS 221 Bowman Avenue		(If rural, give location) 812 8	

3. NAME OF DECEASED (Type or Print) a. (First) OLLICE b. (Middle) - c. (Last) JENIGHAN	4. DATE OF DEATH (Month) (Day) (Year) 6-10-55
--	---

5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 8-17-95	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	---------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman; Helper	10b. KIND OF BUSINESS OR INDUSTRY CHEMICAL MFG. CO.	11. BIRTHPLACE (City and State or Foreign Country) Nettleton, Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	---

13a. FATHER'S NAME Ben Jenighan	13b. MOTHER'S MAIDEN NAME Rachel Daniel	14. NAME OF HUSBAND OR WIFE None
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. HW-1 402 69 6092	17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, Mo.	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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EMBOLISM OF LEFT PULMONARY ARTERY		INTERVAL BETWEEN ONSET AND DEATH 30 minutes	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE			15 years
	DUE TO (c) _____			
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 checked="" 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) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200
--	--	--

22. I hereby certify that I attended the deceased from **6-2-55**, 19____, to **6-10-55**, 19____, and that death occurred on **8:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. F. Westphaelinger (Degree or title) M.D. VA Hosp. 915 N. Grand, St. Louis, Mo.	23b. ADDRESS _____	23c. DATE SIGNED 6-10-55
--	--------------------	---------------------------------

24. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 14, 1955	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. JUN 14 1955	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 2114 Missouri Ave St. Louis, Mo.
---	--	---

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

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ben H. Baldwin*

Licensed Embalmer No. *242*

P. O. Address *721 N. 26th*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.