

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

1003

State File No. 20132  
Registrar's No. 5263

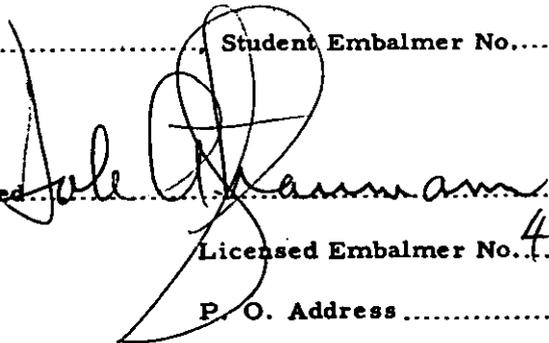
|   |                           |   |  |  |  |   |  |
|---|---------------------------|---|--|--|--|---|--|
| BIRTH NO.   |                           | REG. DIST. NO.  |  | PRIMARY REG. DIST. NO.   |  | Registrar's No.   |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |                           |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Mo.<br>b. COUNTY |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN St. Louis  |                           | c. LENGTH OF STAY (in this place)   |  | c. CITY OR TOWN St. Louis  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION #17 Hortense Pl.  |                           |   |  | e. STREET ADDRESS (If rural, give location)<br>12 #17 Hortense Pl. 2120  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) EDGAR   |                           | b. (Middle) M.  |  | c. (Last) JENNINGS   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>June 16 1955   |  |
| 5. SEX<br>Male 0  | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married   |  | 8. DATE OF BIRTH<br>March 20, 1886   |  | 9. AGE (In years last birthday) 69<br>IF UNDER 1 YEAR Months<br>IF UNDER 24 HRS. Hours Min.                               |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Insurance-Buschman   |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Jennings & Trout   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>London, England  |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |  |
| 13a. FATHER'S NAME<br>George O. H. Jennings   |                           |   | 13b. MOTHER'S MAIDEN NAME<br>Connie Constance Little |  |  | 14. NAME OF HUSBAND OR WIFE<br>Mary Angela Jennings   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No  |                           | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None<br>494-09-4113  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Mary A. Jennings #17 Hortense Pl.   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerotic heart disease</u><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>immediate</u><br><br><u>at least a year</u>  |  |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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)  |  | 21f. HOW DID INJURY OCCUR?<br><br>4200  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Jan 18, 1955</u> , to <u>June 16, 1955</u> , that I last saw the deceased alive on <u>May 16, 1955</u> , and that death occurred at <u>1:15 P</u> m., from the causes and on the date stated above. |                           |   |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><u>Robert W. Smith M.D.</u>   |                           |   |  | 23b. ADDRESS<br><u>114 N. Taylor</u>   |  | 23c. DATE SIGNED<br><u>6/17/55</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                           | 24b. DATE<br><u>Jun. 20, 1955</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Galvary Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Mo.</u>  |  |
| DATE REC'D BY LOCAL REG.<br>JUN 17 1955   |                           | REGISTRAR'S SIGNATURE<br><u>Charles Smith</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Kriegshauser 4228 S. Kingshighway Bl.</u>                               |  |   |  |

WRITE PLAINLY—USING UNFAADING 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 ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed  .....  
Licensed Embalmer No. 453 .....  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.