

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18080

318

1003

State File No.

4710

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
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 **St. Louis** c. LENGTH OF STAY (in this place) **8 days**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No
d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri Baptist Hospital** e. STREET ADDRESS (If rural, give location) **530 North Union Blv'd.**

3. NAME OF DECEASED (Type or Print)
a. (First) **CORA** b. (Middle) **L.** c. (Last) **JENNINGS**
4. DATE OF DEATH (Month) (Day) (Year) **5 14 56**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed** 8. DATE OF BIRTH **Oct 4, 1866**
9. AGE (In years last birthday) **89** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **at home** 10b. KIND OF BUSINESS OR INDUSTRY **housewife** 11. BIRTHPLACE (City and State or Foreign Country) **Carlyle, Illinois** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Daniel Locey** 13b. MOTHER'S MAIDEN NAME **Sarah Ann Kirkham** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Chester Kotsrean** ADDRESS **7117 Kingsbury**

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) **ARTERIOSCLEROTIC HEART DISEASE** MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH **1 WEEK**
ANTECEDENT CAUSES **GENERALIZED ARTERIO SCLEROSIS** DUE TO (b) _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **PNEUMONIA** Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH **1 WEEK**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **420.0**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from **2 JULY, 1955** to **14 MAY, 1956** that I last saw the deceased alive on **14 MAY, 1956** and that death occurred at **11A - m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Rose A Mayer MD** 23b. ADDRESS **567 No S Rd UNIV CITY Mo** 23c. DATE SIGNED **5/15/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **Oct 16, 1956** 24c. NAME OF CEMETERY OR CREMATORY **Lake Charles Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

DATE REC'D BY LOCAL REG. **MAY 15 1956** REGISTRAR'S SIGNATURE _____ 25. FUNERAL DIRECTOR'S SIGNATURE **C.R. Lupton and Sons** ADDRESS **7233 Delmar Blvd**

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

From 1:00 to 6:00 PM, Tues

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. *Arnold W. Schoene*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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.