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SL-11091 FILED OCT 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35699

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8760**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vet. Adm. Hospital			Length of stay in lb 24 days		d. STREET ADDRESS (If outside, give location) 10063 Stimson Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>First Middle Last</i> EDWARD JENNINGS				4. DATE OF DEATH <i>Month Day Year</i> 9-21-56						
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-2-94		9. AGE (In years (say birthday)) 62		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIL HANDLER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		IF UNDER 1 YEAR Months Days Hours Min.		
13. FATHER'S NAME THOMAS JENNINGS				14. MOTHER'S MAIDEN NAME LIZZIE MC GUIRE						
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. NONE		17. INFORMANT VA HOSP. RECORDS, 915 N. Grand, ST. LOUIS, MO.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized carcinomatosis including cerebral metastases								INTERVAL BETWEEN ONSET AND DEATH Unk.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Carcinoma of left lung						Unk.		
		DUE TO (c) 163X A								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Fibrocaceous tuberculosis of right apex								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY <i>Hour Month, Day, Year a. m. p. m.</i>										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. VA attended the deceased from 8-28-56 to 9-21-56 and last saw him alive on 9-21-56 Death occurred at 2:05 PM on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE Walter L. Johnson, M.D.				22b. ADDRESS 915 N. Grand Blvd. St. Louis, Mo. VA Hospital				22c. DATE SIGNED 9-21-56		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/24/56		23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri.				
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, FUNERAL HOME, INC., St. Louis, 15, Mo.				ADDRESS 4828 Natural Bridge Blvd., St. Louis, 15, Mo.		25. DATE RECD. BY LOCAL REG. SEP 24 1956		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		

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 *Ralph C. Fenner*

Licensed Embalmer No. 40

P. O. Address *317 E. 7th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.