

FILED NOV 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42159

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar No. **1081E**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY 1					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips			Length of stay in lb		STREET ADDRESS 5447 Vernon		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Fairfax <i>First</i>				U. <i>Middle</i>		Jennings <i>Last</i>		4. DATE OF DEATH Month 11 Day 9 Year 57	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar 3, 1912		9. AGE (In years last birthday) 45	
IF UNDER 1 YEAR Months 8 Days 7		IF UNDER 24 HRS. Hours 7 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Cook				10b. KIND OF BUSINESS OR INDUSTRY Chief Cook	
11. BIRTHPLACE (City and state or country) potais Mo				12. CITIZEN OF WHAT COUNTRY? U. S. A.				13. FATHER'S NAME Ulysses Jennings	
14. MOTHER'S MAIDEN NAME Lucy Ennis				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 488-18-00n2	
17. INFORMANT Mrs Verndine Jennings				Address 5447 Vernon Ave				18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac insufficiency	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Atherosclerotic heart disease		DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH			
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cholelithiasis								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.0							
20c. TIME OF INJURY Hour 10:25 Month 5 Day 57 Year 57 a. m. P p. m.		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 St. Louis		COUNTY Mo STATE	
21. I attended the deceased from 11-5-57 to 11-9-57 and last saw xx him alive on 11-9-57				Death occurred at 10:25 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Sydney A. Ingle (Degree or title) M.D.				22b. ADDRESS 2601 Whittier Street				22c. DATE SIGNED 11-12-57	
23a. BURIAL, CREATION, REMOVAL (Specify) Removal		23b. DATE 11/16/57		23c. NAME OF CEMETERY OR CREMATORY Washington Park		23d. LOCATION (City, town, or county) (State) St. Louis County Mo			
24. FUNERAL DIRECTOR Herman J. Smith		ADDRESS 4247/w Labadie		25. DATE RECD. BY LOCAL REG. NOV 13 57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. <i>M. P. B.</i>			

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.
X
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *W. Claude Gordon*

Licensed Embalmer No. *348*
P. O. Address *4575-ald*

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.