

HEALTH, WELFARE AND PUBLIC SERVICE
 DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-007398

STATE FILE NUMBER

1644

FILED MAR 5 - 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY					
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 checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hosp. #1			Length of stay in 1b		STREET ADDRESS 6491 Lloyd Ave. (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Nora E. Jennelle				4. DATE OF DEATH Month Day Year 2/11/58					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10/4/1867		9. AGE (In years last birthday) 90 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Lawrence Kennedy				14. MOTHER'S MAIDEN NAME Mary Brennan		Husband Sherman Jennelle			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Nora A. Hartmann 5715 Etzel 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) <i>Arterio Sclerotic Heart Disease</i> DUE TO (b) <i>Fracture of Left Hip;</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) E904,021, fall in her bathroom on August 8, 1957, shortly before 1:30 p.m.								INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4 Home						20c. TIME OF INJURY Hour Month, Day, Year 1:30 p.m. 8 8 58	
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.) 4 Home		20f. CITY, TOWN, OR LOCATION St. Louis Mo.				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Nora E. Hartmann</i> (Degree or title)				22b. ADDRESS 1300 Clark Ave.		22c. DATE SIGNED 2/12/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/14/58		23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
24. FUNERAL DIRECTOR E.J. Schnur 3125 Lafayette Ave.				25. DATE RECD. BY LOCAL REG. FEB 13 '58		26. REGISTRAR'S SIGNATURE <i>J. C. Smith MO</i> m & b			

(Licensed Embalmer's Statement on Reverse Side)

health, welfare and public service
 300
 1-56
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. ALL
 social, coroner, etc. must be only stated momentary in time to: NO symptoms will be listed. ALL
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. ALL

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Thomas R. Fenwick*

Licensed Embalmer No. 37

P. O. Address 31250

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.