

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011049
STATE FILE NUMBER
2-2155
Registrar's No.

FILED MAR 18 1959 Registration District No. Primary Registration District No.

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 St. Louis, Mo.		c. CITY OR TOWN Affton 28 ⁴⁰⁰⁰		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hosp.		d. STREET ADDRESS (If outside, give location) 10100 Meadowfield		
3. NAME OF DECEASED (Type or print) First Middle Last William H. Jennemann, Sr.			4. DATE OF DEATH Month Day Year Feb. 28, 1959	
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 May 24, 1921	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Customer Engineer, Int. Bus. Mach. Co.		10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo.	11. BIRTHPLACE (City and state or country) 6	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Herman C. Jennemann		
13b. MOTHER'S MAIDEN NAME Rose Hudson		14. NAME OF HUSBAND OR WIFE Gertrude Jennemann		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, for unknown service, give date of discharge) yes World War 2		16. SOCIAL SECURITY NO. 495-14-5621	17. INFORMANT Affton 28, Mo. Gertrude Jennemann 10100 Meadowfield	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Dilatation of Heart			INTERVAL BETWEEN ONSET AND DEATH stat. 15 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease				
DUE TO (c) 443x				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input 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.)		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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,actory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 1946 to Feb 28th 1959 and last saw ^{her} _{him} alive on 2/28/59 Death occurred at 4 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) Walter J. [Signature]		22b. ADDRESS 4617 Dahlen Ave.	22c. DATE SIGNED 3/2/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3-3-59	23c. NAME OF CEMETERY OR CREMATORY National Cem.	23d. LOCATION (City, town, or country) (State) Jeff. Brks., Mo.	
24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home 6322 S. Grand, St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. MAR 2 '59	26. REGISTRAR'S SIGNATURE Lead Smith. M.D.	

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

*Mr. Walter Summ
407 Franklin at St. Louis*

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 *David Dan Garrison*

Licensed Embalmer No. *4242*
P. O. Address *St Louis Mo*

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.