

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012768

FILED VS MAR 24 1960

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2-2843**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> , b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5658 Cabanne</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5658 Cabanne</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>John Edward Jennings</b>			4. DATE OF DEATH <b>March 9, 1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>March 12, 1906</b>	9. AGE (last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrical Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hellmuth, Arch.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>John W. Jennings</b>		13b. MOTHER'S MAIDEN NAME <b>Genevieve Hathaway</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Alice</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>468281621</b>	17. INFORMANT Address <b>Mary Alice Jennings 5658 Cabanne</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b> DUE TO (b) <b>athero sclerosis of the coronary arteries</b> DUE TO (c) <b>arterio sclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>3-11-60</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH <b>5 months?</b>
19. WAS AUTOPSY PERFORMED? 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.) <b>4201</b>			
20c. TIME OF INJURY Hour <b>8:05 P</b> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>no attention indicated</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>		COUNTY	STATE
21. I attended the deceased from <b>8:05 P</b> to <b>8:05 P</b> and last saw him alive on <b>3/9/60</b>			Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (If name of title) <b>Wm A M Lure</b>		22b. ADDRESS <b>2268 Marquette</b>		22c. DATE SIGNED <b>3/10/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-12-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>	
24. FUNERAL DIRECTOR <b>Chas. F. Stuart 1225 Union Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 11 1960</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 8 T 130

*Handwritten notes:*  
at home  
Wm. ...  
...

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Haine  
Licensed Embalmer No. 4106

P. O. Address Shaw

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