

AMENDED

|  |   |   |   |  |   |
|--|---|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Mo.</i> b. COUNTY                                      |   |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <i>St. Louis Mo.</i>  |   | Length of stay in 1b<br><i>22 yrs.</i>  | c. CITY OR TOWN <i>St. Louis Mo.</i>                                      |  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <i>3951 West Bell Pl.</i>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><i>3951 West Bell</i>    |  |   |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |   |   |  |   |
| 3. NAME OF DECEASED (Type or print)<br>First <i>James</i> Middle <i>B. Jennings</i> Last   |   |   | 4. DATE OF DEATH<br>Month <i>1-</i> Day <i>26-</i> Year <i>61</i>         |  |   |
| 5. SEX<br><i>Male</i>  | 6. COLOR OR RACE<br><i>Negro</i>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><i>11-8-1909</i>                                      | 9. AGE (last birthday)<br><i>51 yrs.</i>   | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Labourer</i>   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><i>Potosi Mo.</i>   | 12. CITIZEN OF WHAT COUNTRY<br><i>U.S.A</i>                               |  |   |
| 13a. FATHER'S NAME<br><i>Ulyses Jennings</i>   |   | 13b. MOTHER'S MAIDEN NAME<br><i>Lucy Ennis</i>  |   | 14. NAME OF HUSBAND OR WIFE<br><i>Marcella Jennings</i>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><i>No</i>  |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br><i>Marcella Jennings</i> Address <i>3951 W. Bell</i>     |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>CORONARY HEART DISEASE</i>  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><i>5 mos.</i>  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) <i>4201</i>   |   |   |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |   |  |   |
| 20c. TIME OF INJURY<br>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, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION  | COUNTY  | STATE  |   |
| 21. I attended the deceased from <i>Aug 11, 1960</i> to <i>Jan. 26, 1961</i> and last saw <i>him</i> alive on <i>Jan. 25, 1961</i><br>Death occurred at <i>7145 P</i> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><i>Chas. L. Ford, M.D.</i>   |   |   | 22b. ADDRESS<br><i>2801 N. Taylor</i>                                     |  | 22c. DATE SIGNED<br><i>1-27-61</i>        |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  | 23b. DATE<br><i>1-31-61</i>   | 23c. NAME OF CEMETERY OR CREMATORY<br><i>Washington Park Cem.</i>   | 23d. LOCATION (City, town, or county) (State)<br><i>St. Louis Co. Mo.</i> |  |   |
| 24. FUNERAL DIRECTOR<br><i>Manuel Und. Co., 1711 N. Taylor</i>   |   | ADDRESS   | 25. DATE RECD. BY LOCAL REG.<br><i>JAN 30 1961</i>                        | 26. REGISTRAR'S SIGNATURE<br><i>Earl Smith, M.D.</i>   |   |

DATE AMENDED  
 1/27/61  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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

*H. Claude Gordon*

Licensed Embalmer No. 3484

P. O. Address 1123 N. Taylor

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.