

318

1003

-61-003238
 STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

AMENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Length of stay in 1b		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 St. Anthony Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3213 Mt. Pleasant St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Frank Middle E. Last Jenny				4. DATE OF DEATH Month January Day 1, Year 1961.									
5. SEX Male		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 8/31/1878		9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief of Plant Protection			10b. KIND OF BUSINESS OR INDUSTRY Retired 7 years			11. BIRTHPLACE (City and state or country) Ste. Genevieve, Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Frank Jenny				13b. MOTHER'S MAIDEN NAME Emily Hagen				14. NAME OF HUSBAND OR WIFE Effie Mary Jenny (Dec'd)					
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.		17. INFORMANT Clifford J. Jenny Address 8100 Leafland Crt. Affton, 23, Missouri.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis of heart Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis 5 yrs DUE TO (c) Arteriosclerosis 10 yrs 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. 420-1 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown													
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.) 420-1									
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, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Dec 1956 to Dec 31 60 and last saw her/him alive on Dec 31-1960 Death occurred at 7:35 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>William J. Steiner M.D.</i> (Degree or title)						22b. ADDRESS 506 Olive St			22c. DATE SIGNED 1-2-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE Jan. 4, 1961.		23c. NAME OF CEMETERY OR CREMATORY Valle Spring Cemetery			23d. LOCATION (City, town, or county) (State) Ste. Genevieve, Missouri.					
24. FUNERAL DIRECTOR Gebken-Benz Mortuary ADDRESS 2842 Meramec St. St. Louis, 18, Mo.				25. DATE RECD. BY LOCAL REG. JAN 2 1961		26. REGISTRAR'S SIGNATURE <i>Earl Smith. M.D.</i>							

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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 Joe B. Benz

Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address St. Louis, 18, 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.