

DATE AMENDED 6/9/61	1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</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>
INSTEAD OF DOCUMENT	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5150 Terry Ave.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>5150 Terry Ave.</b>
	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
MEDICAL CERTIFICATION	3. NAME OF DECEASED (Type or print) First <b>LETHA</b> Middle <b>ADELINE</b> Last <b>JENNINGS</b>			4. DATE OF DEATH Month <b>March</b> Day <b>26</b> Year <b>1961</b>		
	5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-3-1884</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days Hours Min.
BY AFFIDAVIT OF	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Fayetteville, Tenn.</b>
	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>					
SHOULD READ	13a. FATHER'S NAME <b>Zachariah Jennings</b>			13b. MOTHER'S MAIDEN NAME <b>Mary (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>None</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>Unknown</b>		17. INFORMANT Address <b>Walter Ray, Sr., 5150 Terry Ave.</b>
ITEM NO.	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>Arteriosclerotic Heart Disease</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>420.0</b>					
BY AFFIDAVIT OF	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. <input type="checkbox"/> Yes <input checked="" 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.)	
BY AFFIDAVIT OF	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
BY AFFIDAVIT OF	21. I attended the deceased from <b>3-22-61</b> to <b>3-26-61</b> and last saw her <sup>her</sup> alive on <b>3-22-61</b> Death occurred at <b>10:15 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
	22a. SIGNATURE <b>R. E. Smith, M.D.</b>			22b. ADDRESS <b>2715 Union St. St. Louis</b>		22c. DATE SIGNED <b>3-27-61</b>
BY AFFIDAVIT OF	23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4-1-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
	24. FUNERAL DIRECTOR ADDRESS <b>AP Richardson 2625 Glasgow Ave.</b>			25. DATE RECD. BY LOCAL REG. <b>MAR 29 1961</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>	

**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

*AD Richards*

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow Ave.

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.