

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-026961

318

1003

6510

STATE FILE NUMBER

AMENDED F

Registration District No.

Primary Registration District

Registrar's No.

LED JUL 25 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 2 Weeks	c. COUNTY OR TOWN Missouri b. COUNTY
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospt.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5874 Gates Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First BERNICE Middle M. Last JENNER			4. DATE OF DEATH Month 7 Day 12 Year 61	
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5. SEX Female	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 6-13-06	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Keeping	10b. KIND OF BUSINESS OR INDUSTRY Office	11. BIRTHPLACE (City and state or country) Neb.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Clyde Hutson	13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE Frank Jenner
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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. UNK	17. INFORMANT Frank Jenner 5874 Gates Ave. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	PULMONARY EMBOLISM	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) AURICULAR FIBRILLATION	
	DUE TO (c) RHEUMATIC HEART DISEASE	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CONGESTIVE HEART FAILURE	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
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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.) H16x
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from **JULY 3, 1961** to **JULY 12, 1961** and last saw her ^{him} alive on **JULY 12, 1961**
Death occurred at **10:45 A.m** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Warren Z Jacobson M.D.	22b. ADDRESS Jewish Hospital	22c. DATE SIGNED 7/12/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 7-13-61	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	23d. LOCATION (City, town, or county) St. Louis, Mo.
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24. FUNERAL DIRECTOR J.W.Clark F.H.1125 Hodiamont Ave.	25. DATE RECD. BY LOCAL REG. JUL 13 1961	26. REGISTRAR'S SIGNATURE Road Smith, M.D.
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DATE AMENDED
 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 _____
Licensed Embalmer No. _____

P. O. Address _____
4511
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.

