MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027716
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2157

FILED AUG 11 1961

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton — Length of stay in 1b: years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 7446 Byron Place — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Clayton — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 7446 Byron Place — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First DOROTHY Middle JENNET Last JENNINGS
4. DATE OF DEATH: Month July Day 31, Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/19/1894
9. AGE (last birthday): 66 — IF UNDER 1 YEAR: Months 8 Days 12 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Civil Service Worker
10b. KIND OF BUSINESS OR INDUSTRY: Social Security
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Albert Ziervogel
13b. MOTHER'S MAIDEN NAME: Benecke
14. NAME OF HUSBAND OR WIFE: James A. Jennings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. James A. Jennings Address: 7746 Byron Pl.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Brain Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): General Infirmities
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) –
20c. TIME OF INJURY: Hour a.m. p.m. – Month, Day, Year –
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 May 4, 1959, to July 31, 1961 and last saw her alive on July 29, 1961. Death occurred at 6 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Vincent F Townsend (Degree or title) M.D.
22b. ADDRESS: 3101a Sutton, St. Louis, Mo.
22c. DATE SIGNED: 7/31/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug 2, 1961
23c. NAME OF CEMETERY OR CREMATORY: St. Paul's Churchyard
23d. LOCATION (City, town, or county) (State): Rock Hill, Mo.
24. FUNERAL DIRECTOR: Ambruster Mortuary — ADDRESS: 6633 Clayton Road
25. DATE RECD. BY LOCAL REG.: 8-1-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF — DATE AMENDED — BY AFFIDAVIT OF — DOCUMENT

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_____ Signed Jan M. Sizemore

Signature of Student Embalmer

Licensed Embalmer No. 4343

P.O. Address 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.