MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7557

STATE FILE NUMBER 61-030832

FILED AUG 23 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b: 5 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John Hosp.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY St. Louis
c. CITY OR TOWN Webester Grove
Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS 723 S. Laclede St. Rd. (If outside, give location)
Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First / Middle / Last: Sis. Mary Petronilla Jennings
4. DATE OF DEATH Month / Day / Year: 8-14-61
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 9-17-74
9. AGE (last birthday): 86 Yrs.
IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sister of Mercy
10b. KIND OF BUSINESS OR INDUSTRY: Religious
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Thomas Jennings
13b. MOTHER'S MAIDEN NAME: Mary Earner
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Sis. M. Wilredia, Webester Grove Address: 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) Bronchio-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
Condition, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerotic heart disease — for years
DUE TO (c) 420.0F
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. [ ] Yes [X] No [ ] Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell in convent
20c. TIME OF INJURY Hour p.m. Month, Day, Year: 3-9-61
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.): Convent.
20f. CITY, TOWN, OR LOCATION: St. Louis Mo COUNTY STATE

21. I attended the deceased from 3-9-61, to 8-14-61 and last saw her/him alive on 8-14-61
Death occurred at 1:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John J. Hammond M.D.
22b. ADDRESS: 634 N. Grand
22c. DATE SIGNED: 8/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-17-61
23c. NAME OF CEMETERY OR CREMATORY: Convent Cemetery
23d. LOCATION (City, town, or county) (State): Webester Grove, Mo.
24. FUNERAL DIRECTOR: White-Mullen Ferguson Missouri ADDRESS
25. DATE REC'D. BY LOCAL REG.: AUG 15 1961
26. REGISTRAR'S SIGNATURE: Pearl Smith, M.D.

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_____
Signature of Student Embalmer

Signed Herbert J. Gow Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22, 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.