

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

3038

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. Masonic Home) St. .... Ward)

File No. ....  
 Registered No. 767

**2. FULL NAME**

Charles L. Dennis  
 (a) Residence, No. 5351 Delmar St., 12 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hannie W. Dennis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-22-1866</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>7</u>
	DAYS <u>-</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Methodist Minister</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>199</u>	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	13. NAME <u>Wm. Dennis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Antoinette Richardson</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	17. INFORMANT <u>Hilmoth Hallett</u> (ADDRESS) <u>5351 Delmar Blvd. St. Louis</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>Jan 25</u> 19 <u>32</u>		
19. UNDERTAKER <u>Alvando Sims</u> (ADDRESS) <u>6175 Delmar</u>		
20. FILED <u>Jan 24 1932</u> <u>W. H. Hallett</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1932

I HEREBY CERTIFY That I attended deceased from Dec 13, 1930, to Jan 22, 1932

I last saw him alive on Jan 22, 1932 Death is said to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage Date of onset 2 days

Other contributory causes of importance:  
Hypertension 1930

Name of operation 9 Date of 9  
 What test confirmed diagnosis: Exp. Ex. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Edwin Cameron, M. D.  
 (Address) Metropolitan Bldg.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

