

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

Do not use this space.

3998

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. ST. LOUIS
 City St. Louis (No. 5577 St. Edwards St.) St. 6 Ward 6

File No.....
 Registered No. 963

2. FULL NAME

Leo Edward Denny
 (a) Residence, No. 5577 St. Edwards St., 6 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 31 - 1907</u>		
7. AGE	YEARS <u>26</u>	MONTHS <u>9</u>
	DAYS <u>25</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>Clerk</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Brown Shoe Co.</u>	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Dennis Denny</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Johanna McKeay</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
17. INFORMANT (ADDRESS) <u>Dennis Denny 5577 St. Edwards St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>Jan 28</u> , 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Gullstrand Bros. 1410 N. Grand Street</u>		
20. FILED <u>JAN 27 1935</u> <u>W. C. Starling</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1935

22. HEREBY CERTIFY, That I attended deceased from about 5 years....., 19.....
 I last saw him alive on 1/25/33, 19..... Death is said to have occurred on the date stated above, at 5:10 P. M.
 The principal cause of death and related causes of importance were as follows:
1. cerebral Resurrection
2. aortic Resurrection -
12/4/33
9/2/34
12/4/35
 Other contributory causes of importance:
Hypertrophic Chambers Liver

Name of operation Tapped Abdomen Date of.....
 What test confirmed diagnosis?..... 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 John M. Bradley, M. D.
 (Signed) John M. Bradley
 (Address) 4425 Washington St. St. Louis

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.

Dr. Bradley

44- Washington Blvd