

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

Do not use this space.

18376

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1009**
City *St. Louis* (No. *We Gaul Hospital*)..... St. Ward)

File No. *116.71*
Registered No. **46315**

2. FULL NAME

Edward Dennis
(a) Residence, No. *3503 St. Louis Ave. 10* Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married.*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mathilda Dennis*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 8, 1874*

7. AGE YEARS *59* MONTHS *4* DAYS *17* If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Unemployed.*
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) *Missouri*

13. NAME *John Dennis*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wentz Knaw*

15. MAIDEN NAME *Kian's Knaw*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *4*

17. INFORMANT *Mathilda Dennis* (ADDRESS) *3503 St. Louis Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *21st* DATE *5-29* 19*33*

19. UNDERTAKER *W. Thompson, York, Pa.* (ADDRESS) *3710 N. Grand St.*

20. FILED *117 26 1933* Registrar *J. T. Brebeck*

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 25*, 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *May 21*, 19*33*, to *May 25*, 19*33*.

I last saw *deceased* alive on *May 25*, 19*33*. Death is said to have occurred on the date stated above, at *11:20* a.m.

The principal cause of death and related causes of importance were as follows:

They were found on Oct. 4 days. Bereavement. Dislike. Mollusca. 2 yrs.

Other contributory causes of importance *46B*

Name of operation *Blood transfusion* Date of *May 22*

What test confirmed diagnosis? Was there an autopsy? *Yes*

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) *Paul F. Jelle*, M. D. (Address) *2702 N. Grand Ave.*

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.

Mr. Jelle
2702 N. Grand
9-10 A.M.