JAN 13 1936

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

Do not use this space.

791

41579

1. PLACE OF DEATH
County St. Louis — Registration District No. 1003 — File No. 10823
Township — Primary Registration District No. — Registered No.
City St. Louis (No. Mo Pac Hosp. St. Ward)

2. FULL NAME George Patrick Dennison
(a) Residence, No. 4625 Westminster Pl. St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 1873
7. AGE: YEARS 62 — MONTHS 1 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.
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) Alton Ill

FATHER
13. NAME George Dennison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Ellen Donohue
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) J F Dennison 524 North & South Rd
18. BURIAL, CREMATION, OR REMOVAL
PLACE Alton Ill DATE 12/24 1935
19. UNDERTAKER (ADDRESS) Harrigan & Sheehan Undg 4415 Washington Blvd
20. FILED DEC 23 1935 J F Bradeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1935, to Dec. 22, 1935
I last saw him alive on Dec. 21, 1935. Death is said to have occurred on the date stated above, at 2:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	several years ago
Cardiac Decompensation	about 1 mo.

Other contributory causes of importance: 95 b2

Name of operation — Date of
What test confirmed diagnosis? Clinical — 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?
If so, specify
(Signed) B. H. Charles, M. D.
(Address) Missouri Pacific Hospital

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.