

JUL 2 1938

REC'D AUG 9 1938

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

26427
Do not use this space.

1. PLACE OF DEATH

(a) Count St. Louis Registration District No. 784
(b) Township..... Primary Registration District No. 101
(c) City Clayton (d) Street No. 20 Brentmoor St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louis E. Dennig 520

(a) Residence, No. 20 Brentmoor St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Schaefer Dennig.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22nd, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 6 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Meat
9. Industry or business in which work was done, as saw mill, bank, etc. Packer
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis 6
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Emil Dennig 6

14. BIRTHPLACE (CITY OR TOWN) Bavaria 6
(STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Margaret Juengst

16. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Germany

17. INFORMANT Louis S. Dennig
(ADDRESS) 20 Brentmoor, Clayton Mo

18. BURIAL, CREMATION OR REMOVED PLACE Bellefontaine DATE July 2nd, 1938

19. FUNERAL DIRECTOR Wagoner Undertaking Co.
(ADDRESS) 3621 Olive Street

20. FILED JUL 2 1938 T. R. Meigs, Registrar (Address) 3720 Washington Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1938, to July 1, 1938
I last saw him alive on June 30, 1938. Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:

Acidosis of stomach
Date of onset About 1 yr

Other contributory causes of importance:
None

Name of operation None Date of.....
What test confirmed diagnosis Stomach + X-ray 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) Walter Barringer, M. D.

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 W Baumgarten
R 912 Beaumont Bldg.
3720 Washington

STATEMENT BY LICENSED EMBALMER

I, Walter King

Licensed Embalmer No.

3563

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____

Registered Apprentice No.

working under my personal supervision.

Signed

Walter King

Licensed Embalmer No.

3563

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.)