

JAN 15 1939

FEB 7 1939  
FEB 7 1939

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

3817  
Do not use this space.

1. PLACE OF DEATH  
 (a) County ST LOUIS Registration District No. 784  
 (b) Township BONHOMME Primary Registration District No. 200 Registered No. 80  
 (c) City Manchester (d) Street No. MANCHESTER NURSING HOME 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 John C. DENNIS  
 (a) Residence, No. VALLEY PARK, MO St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED WIDOWED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY DENNIS  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/13/1867  
 7. AGE YEARS 71 MONTHS 9 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. FARMER  
 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

FATHER  
 13. NAME John WENNIS 9  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI 9

MOTHER  
 15. MAIDEN NAME UNKNOWN  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT Agnes Mueller  
 (ADDRESS) MATTHESE, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE VALLEY PARK MO DATE 1/16/39

19. FUNERAL DIRECTOR Kenneth Kroch  
 (ADDRESS) FENTON, MO.

20. FILED JAN 15 1939 RR Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/13 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 12-1-38, 1938, to 1-13, 1939  
 I last saw him alive on 1-12, 1938 Death is said to have occurred on the date stated above, at 3:30 p. m.  
 The principal cause of death and related causes of importance were as follows:

Cardiac De-compensation 12-1-38  
 Chronic Myocarditis 12-1-38  
 Atherosclerosis 12-1-38  
 (12-1-38)  
 Other contributory causes of importance: 92C

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) St. Campbell, M. D.  
 (Address) 112 2nd of Hamilton

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.

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STATEMENT BY LICENSED EMBALMER

I, Bennett W Koch Licensed Embalmer No. 3047

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

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Bennett W Koch  
Licensed Embalmer No. 3047

**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.)**