

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 9756

DEC 13 1939

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: St. Anthony Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME Elizabeth Adella Denton
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Samuel F. Denton
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased July 7 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 15
If less than one day _____ hr. _____ min.

9. Birthplace Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Henry Haven
13. Birthplace Ohio
14. Maiden name Eliza Jane Jaycox
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Samuel Denton

(b) Address 9638 Joplin Ave.

17. (a) Burial (b) Date thereof 11-18-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middlebrook Mo

18. (a) Signature of funeral director Archmauer-Hausel
(b) Address 1905 Union Blvd.

19. (a) NOV 20 1939 (b) J.D. Bradlock
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis Rural NR
(d) Street No. 9638 Joplin Ave.
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1939 hour 12 minute 40 a. m.

21. I hereby certify that I attended the deceased from Nov 10, 1939, to Nov 15, 1939
that I last saw her alive on Nov 14, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration 1 year

Due to Rheumatism

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? no (Specify type of place) (e) Means of injury 1

23. Signature Quinn M. Tan (M. D. or other)

Address 7608 Michigan Date signed _____

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.

I X1811

WHILE FERNILI—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

7606 Macchigan
1:30 - 3:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed..... *R. M. Sanford*.....
Licensed Embalmer No..... *2273*.....
P. O. Address..... *St. Louis*.....

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.)

If this body is not embalmed, above space should be left blank.