WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34165

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8862

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute Edy Hosp #1 (If not in hospital or institution, write street number or location) 3

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 4

(d) Street No. 1523 West Billon Ave. (If rural, give location)

(e) ~~If foreign born, how long in U. S. A.? ... years~~

3. (a) PRINT FULL NAME James Denison

3. (b) If veteran, name war None

3. (c) Social Security No. 489-05-9945

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannie Denison

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased FEB (Month) 18 (Day) 1888 (Year)

8. AGE: Years abt 52 Months 8 Days 7 If less than one day ... hr. ... min.

9. Birthplace (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Butcher 0

11. Industry or business Independent Packing Co. 0

FATHER 12. Name George W. Denison 0

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

MOTHER 14. Maiden name Finsley Hagard

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

16. (a) Informant Fannie Denison

(b) Address 1523 West Billon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 28 1940 (Date received local registrar) (b) J. F. Baubach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25th year 1940 hour 5:40 minute 0 .M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis with Concentric Cardiac Hypertrophy Contrib. Malignant Nephrosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify)

(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? (Specify type of place)

While at work? (e) Means of injury 5

23. Signature Alfred Henry (M. D. or other)

Address Deputy Coroner Date signed 10/28/40

(Licensed Embalmer's Statement on Reverse Side)

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 Reinhold K Lehmann

Licensed Embalmer No. 3395

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.