

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

34186

Registrar's No.

8883

Register District No. 7917

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 9 Days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Louise Denizet3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married,
divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if
alive 13 years
7. Birth date of deceased Oct 13 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 0 14 hr. min.9. Birthplace Perryville Missouri
(City, town, or county) (State or foreign country)10. Usual occupation nil

11. Industry or business

12. Name Jules Denizet13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Clara Kensey15. Birthplace France
(City, town, or county) (State or foreign country)16. (a) Informant Emma Kemp(b) Address St. Louis, Mo.17. (a) BURIAL (b) Date thereof 10-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation PERRYVILLE, Mo.18. (a) Signature of funeral director Robert H. Hoppe(b) Address 4700 Washington19. (a) OCT 28 1940 (b) J. E. Burdick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County.....
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 1907 1/2 S. Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27,
year 1940 hour 4:40 minute P. M.21. I hereby certify that I attended the deceased from September
18, 1940, to October 27, 1940
that I last saw her alive on October 27, 1940
and that death occurred on the date and hour stated above.Immediate cause of death: Nephrosclerosis Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operationsOf autopsy Advanced nephrosclerosis
Broncho Hypostatic pneumonia

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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature J. E. Burdick (M. D. or other)Address 1515 Lafayette Avenue Date signed 10/28/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Albert G. Kappeler

Licensed Embalmer No. *2971*

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.