No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37423

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9696

FILED DEC 11 1940

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: Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community 37 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis Eureka (If outside city or town limits, write "RURAL") 11

(d) Street No. 1023 a Eureka (If rural, give location)

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

3. (a) PRINT FULL NAME Jones Tennyson

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race col

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

6. (b) Name of husband or wife Julia Tennyson

(c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 28 (Day) 1863 (Year)

8. AGE: Years 77 Months 8 Days 27 If less than one day hr. min.

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

10. Usual occupation Porter, Pty Press 0

11. Industry or business 0

FATHER
12. Name Steve Tennyson
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Frances Benning
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Frank A. Tennyson

(b) Address 4204 W^A Cook Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington park

18. (a) Signature of funeral director J H Harrison

(b) Address 2906 Lawton Blvd.

19. (a) NOV 26 1940 (Date received local registrar) (b) J F Burdeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25 year 1940 hour 2:06 minute A M.

21. I hereby certify that I attended the deceased from November 18, 1940, to November 25, 1940, that I last saw him alive on November 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage (Right)	8 days
Due to	
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)

(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

23. Signature W. C. Sessions (M. D. or other)

Address 2601 N Whittier Date signed 11/25/4

(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 Clark Hamm

Licensed Embalmer No. 3371

P. O. Address St. Louis

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

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