No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8149

Registration District No. 784 Primary Registration District No. 300 Registrar's No. 450

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Lemay (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9638 Joplin st. (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St Louis 96

(c) City or town: LEMAY 0 (If outside city or town limits, write "RURAL")

(d) Street No.: 9638 Joplin st. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Samuel F. Denton

3. (b) If veteran, name war: NONE

3. (c) Social Security No. NONE

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: ELIZABETH G DENTON

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

7. Birth date of deceased: Nov (Month) 18 (Day) 1875 (Year)

8. AGE: Years 65 Months 3 Days 7 If less than one day hr. min.

9. Birthplace: OLIVE BRANCH / ILLINOIS (City, town, or county) (State or foreign country)

10. Usual occupation: CONDUCTOR

11. Industry or business: PUBLIC SERVICE Co

MOTHER FATHER

12. Name: WILLIAM DENTON

13. Birthplace: / ILLINOIS (City, town, or county) (State or foreign country)

14. Maiden name: UNKNOWN

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

16. (a) Informant: Mrs. M. Lawrence

(b) Address: 9638 Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 28-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Middlebrook, Mo.

18. (a) Signature of funeral director: C. Hoffmeister & Co.

(b) Address: 7814 S. Broadway

19. (a) FEB 26 1941 (Date received local registrar) (b) C. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25 year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 6, 1940, to Feb 25, 1941; that I last saw him alive on Feb 25, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	1 month
Due to: Carcinoma of stomach. Metastasis to liver.	Nov 1940
Due to:	
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations: None	
Of autopsy: None	

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): None

(b) Date of occurrence: None

(c) Where did injury occur? None (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: Max Starkloff (M. D. or other) M.D.

Address: 5120 Delmar Place Date signed 2/26/41

(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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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

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