V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4253

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 1823

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

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: 4561 KENSINGTON (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 Mo (b) County ODd
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 12 11
(d) Street No. 4561 KENSINGTON (If rural, give location) 4
(e) Citizen of foreign country? D (Yes or No)
If yes, name country yes

3. (a) PRINT FULL NAME PETE DENNIS
3. (b) If veteran, name war
3. (c) Social Security No. 497-05-8088

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LOTTIE
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased JAN. (Month) 22 (Day) 1893 (Year)

8. AGE: Years 49 Months 1 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) RUSSIA (State or foreign country)
10. Usual occupation LABORER
11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace (City, town, or county) " (State or foreign country) U

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) " (State or foreign country) U

16. (a) Informant Lottie Dennis
(b) Address 4561 Kensington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Kullen & Kullen
(b) Address 1416 N. Taylor ave.
19. (a) FEB 27 1942 (Date received from registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 26 year 1942 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from Feb 23, 1942 to Feb 26, 1942 that I last saw him alive on Feb. 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Pul. Pulmonary Edema (Pneumonia) — Duration 8 hrs
Due to: Myocarditis (Chronic)
Due to: Hypertension
Due to: Nephritis, acute cause unknown
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 93d
Of autopsy 93d

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 Eugene Walter (M. D. or other) MD
Address 4660 Delmar Date signed 2/27/42

(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 Clement McNeary

Licensed Embalmer No. 3732

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, fact should be so stated above.