

Registration District No. 791

Primary Registration District No. 1002

Registrar's No.

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:
1527a Market St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 40 Years
years, months or days)

3. (a) PRINT FULL NAME George O. Denton

3. (b) If veteran, name war No. 3. (c) Social Security No. 497-10-4940

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blanche 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased February 22, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 11 14 hr. min.

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

10. Usual occupation Bill poster

11. Industry or business.....

12. Name John Denton

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

14. Maiden name Mary Nally

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

16. (a) Informant Blanche Denton

(b) Address 1527a Market St.

17. (a) Burial (b) Date thereof: 2/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. H. ...

(b) Address: 3634 Gravois Ave.

19. (a) Feb 7 1942 (b) J. P. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1527a Market St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th.
year 1942 hour 13:15 minute D. M.

21. I hereby certify that I attended the deceased from Nov 4 1941
12-4, 1941 to Feb 5, 1942
that I last saw him alive on Feb 5
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Bronchopneumonia
arteriosclerotic

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?

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

23. Signature L. H. ... (M. D. or other)

Address 508 N. ... Date signed 2/6/42

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

MOTHER FATHER

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..... *Robert Wheeler*.....
Licensed Embalmer No. *2128*.....
P. O. Address *St. Louis Mo.*.....

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.