

FILED APR 13 1942

Registration District No. 797

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3739 COOK AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: 1
(Specify whether _____)
In this community about 18 yrs (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3739 Cook Ave (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDNA NETTIE DENNIS

3. (b) If veteran, name war NO
3. (c) Social Security No. 486-18-1699

4. Sex FEMALE 5. Color or race Colored
6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased MARCH 21 1917
(Month) (Day) (Year)

8. Age: about 24 Years Months Days If less than one day
24 hr. min.

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

10. Usual occupation CUFFET

11. Industry or business Archy Paper Co.

12. Name ODEL DENNIS

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

14. Maiden name Maudie Senter

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

16. (a) Informant Maudie Senter

(b) Address 3739A Cook Ave

17. (a) Burial (b) Date the _____
(Burial, cremation, or removal) (City or town) (County) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. D. Be...

(b) Address 739 UCAS AVE

19. (a) MAR 27 1942 (b) J. F. Beedech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day March
1942 year 1942 hour 10 minute 30 PM

21. I hereby certify that I attended the deceased from March 11
to March 23 1942

that I last saw her alive on March 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Mitral Insufficiency 3 months

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

Where did injury occur? _____ (City or town) (County) (State)

Where did death occur? _____ (City or town) (County) (State)

(Specify type of place) _____

(a) Means of injury _____

23. Signature J. F. Beedech (M. D. or other) _____

Address St Louis Date signed 3-25-42

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 Arthur L. Hilliard
Licensed Embalmer No. 4221
P. O. Address 2649th Delmar Blvd.

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.