S. No. 2
M—1-4-31
v. 5-17-39
I 326390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16078

Primary Registration District No. 1009

Registrar's No. 4250

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: City Hosp. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5174 Cabanne
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lee E. Dennis

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 15, 1878 (Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation Concrete inspector

11. Industry or business R. R.

FATHER
12. Name Edward Lee Dennis
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Penrod
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Sylvia Anchell
(b) Address 5174 Cabanne

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) MAY 14 1942 (Date received-local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1942 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Neck of right and shaft of left femur Adjust accident. Slipped when deceased fell from ladder while painting a trail in rear yard at 5192 Cabanne Ave on March 21st 1942 about 1:00 O'clock PM

Duration

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) Accident
(b) Date of occurrence May 20 1942
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? yes (e) Means of injury fall

23. Signature Alfred Barry (M. D. or other)
Address Ferguson Mo. Date signed 5/14/42

844 (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.....H. F. Burgess.....

Licensed Embalmer No.....4029.....

P. O. Address.....Maplewood.....

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.