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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1495

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Marys Hospital
(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 Mo. (b) County St. Louis 96

(c) City or town Clayton 2 3
(If outside city or town limits, write "RURAL")

(d) Street No. 10 So. Lyle Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Lillian H. Denny

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Wid 2

6. (b) Name of husband or wife Clyde Denny

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

7. Birth date of deceased June (Month) 25 (Day) 1874 (Year)

8. AGE: Years 68 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Louisville (City, town, or county) Ky. 1 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Albert Harris
13. Birthplace (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name UNKN
15. Birthplace UNKN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Ione Frink
(b) Address 10 S. Lyle, Clayton.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/42. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address Kirkwood

19. (a) JUL 13 1942 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1942 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan 1940, 19 to July, 1942
that I last saw her alive on 7-11, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	1½ yrs
Due to ✓	
Due to 1 24 h 1	
Other conditions (Include pregnancy within 3 months of death) Pleurisy c effusion Cirrhosis of Liver	2 mo

Major findings:
Of operations ✓

Of autopsy Myocarditis - Chronic Cirrhosis of Liver - Effusion

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 Lew J Reilly (M. D. or other) Lud
Address 8105 Page Blvd Date signed 7-12-42

(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 John M Meyer

Licensed Embalmer No. 3788

P. O. Address Kirkwood, 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.