

FILED JAN - 5 1942
3718

Registration District No. Primary Registration District No. 1003

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:
3711a Palm St /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 960
(d) Street No. 3711a Palm St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Tennyson

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mamie Tennyson 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb. 25th. 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 2 If less than one day hr. min.

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

10. Usual occupation Restraunt Owner

11. Industry or business

MOTHER FATHER

12. Name Henry Tennyson

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

14. Maiden name Christina Grueler

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

16. (a) Informant Wayne Derrison

(b) Address 3711a Palm St.

17. (a) Burial (b) Date thereof 12-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) DEC 28 1942 (b) J. P. Bideck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27th
year 1942 hour 9 minute 35 P. M.

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

Immediate cause of death: Subdural Hemorrhage of Brain
suffered when Deceased fell down
Down flight of four Carpet Covered
stairs at his home 3711a Palm St
Due to on 12-27-42, exact time
unknown

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration

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 000
(b) Date of occurrence 12-27-42
(c) Where did injury occur? St. Louis (City or town) (County) (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

(Specify type of place)
While at work? _____ (a) Means of injury _____

23. Signature Alfred P. ... (M. D. or other) _____
Address _____ Date signed 12/28/42

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

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 Me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand 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.