S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4098

State File No. 1007

Registration District No. FILED FEB 23 1943 8

Primary Registration District No.

Registrar's No. 1407

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12 924

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3125 S. Broadway
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Baby Denton

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 3, 1943 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	7	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name William Denton
13. Birthplace Lillbourn (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Christine McCurry
15. Birthplace Wainsbourough (City, town, or county) Tennessee 0 (State or foreign country)

16. (a) Informant William Denton
(b) Address 3125 S. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12/43 (Month) (Day) (Year)
(c) Place: burial or cremation ParkLawn Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) FEB 12 1943 (Date received local registrar) (b) J F Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10, year 1943 hour 10:20 minute P. M.

21. I hereby certify that I attended the deceased from February 3, 1943 to February 10, 1943 that I last saw him alive on February 10, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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 V. S. Lanier (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 2/11/43

(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 Nancy A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.