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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 240  
Registrar's No. 277

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Louis Baptist Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 4043 Chateau Ave  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIE I. DENNIS  
3. (b) If veteran, name war no 3. (c) Social Security No. 510

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Curtis E. Dennis 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Aug. 26th 1890  
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Pattow Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William Kitchens

13. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Zimmerman

15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Curtis Dennis

(b) Address 4043 Chateau Ave

17. (a) Burial (b) Date thereof 1-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pattow Mo.

18. (a) Signature of funeral director Wiegshausen Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) JAN 11 1944 (b) J. F. Bredbeck  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12 8<sup>th</sup>  
year 1944 hour \_\_\_\_\_ minute 50 a. M.

21. I hereby certify that I attended the deceased from April 1943, 1943 to 1-8, 1944  
that I last saw her alive on Jan 7-, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach  
Due to metastases  
Due to \_\_\_\_\_

Other conditions Cervical Carcinoma  
(Include pregnancy within 3 months of death)

Major findings: Asperrectomy April 1943  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. S. Shuck (M. D. or other) \_\_\_\_\_  
Address 2420 S. Kingshighway Date signed 1-8-44

Duration  
Underline the cause to which death should be charged statistically.

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

Dr J. S. Sheets  
2500 So. Main St. Gary, Indiana

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**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 Richard W. Stover

Licensed Embalmer No. 4007

P. O. Address.....

**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.