S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1944

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 4256

Registrar's No. 170

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans' Administration Facility,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. Jan. 6, 1944 (Specify whether years, months or days)
In this community -

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lemay Station
(If outside city or town limits, write "RURAL")
(d) Street No. Box 292-A R. #11.
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DENNISTON, Sidney I.
3. (b) If veteran, name war W.W. #1
3. (c) Social Security No. 490-26-5521
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Mabel Denniston,
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June (Month) 9, (Day) 1894 (Year)
8. AGE: Years 49 Months 7 Days 11 If less than one day hr. min.
9. Birthplace Chicago, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Switchman
11. Industry or business CB&Q R.R.
MOTHER FATHER
12. Name Frank Denniston,
13. Birthplace Unavailable (City, town, or county) Unavailable (State or foreign country)
14. Maiden name Lillie Jackson,
15. Birthplace Montgomery County, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Act. Cl. Clerk,
(b) Address VAF, Jeff. Brks., Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-24-1944 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery, Jefferson Barracks, Mo.
18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 South Broadway, St. Louis, Mo.
19. (a) JAN 22 1944 (Date received local registrar) (b) E. L. McGarran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th year 1944 hour 10:55 minute P.M. A.M.
21. I hereby certify that I attended the deceased from January 6, 1944 to January 20, 1944; that I last saw him alive on January 20, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
PNEUMONIA, LEFT LOBAR, TYPE VI.	3-days
Due to OTHER CONDITIONS: - BRONCHITIS, CHRONIC: BRONCHIECTASIS,	
Due to CHRONIC.	UNKNOWN
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No Operation
Of autopsy No 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) No
(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 GEO. J. EPP, M.D., (M. D. or other)
Address Act. CHIEF MEDICAL OFFICER Date signed 1-21-44

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 1940

MAR 3 1950

US APR 29 1959

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 Louis C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.