

FILED NOV 30 1944

318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Josephine Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Josephine Hospital
3531 Bingham (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Patrick Thomas Noel Denny

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased Nov. 17, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Arthur W. Denny
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Naomi G. Meyer
15. Birthplace Okla. City Okla.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Arthur W. Denny
(b) Address 3531 Bingham Ave

17. (a) Burial (b) Date thereof 11/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)
Calvary Cemetery
(c) Place: burial or cremation _____

18. (a) Signature of funeral director Wm. J. Robert L. WCO
(b) Address 1905 South Grand Blvd.

19. (a) NOV 18 1944 (Date received local registrar) J. F. Brubaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1944 hour 5 minute _____ A. M.

21. I hereby certify that I attended the deceased from 11-17-44 to 11-18-44
that I last saw him alive on 11-17-44, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Disease - 1 day
Duration _____

Due to _____
Due to _____
7 months Premature

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of 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) _____
(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) _____
Where at work? _____ (e) Means of injury 0
Signature Wm. J. Robert L. WCO (M. D. or other) _____
Address 1802 So Grand Date signed 11-18-44

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

MOTHER FATHER

Not Embalmed

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..... *Wm J Robert L + V. Co*.....
APR
Licensed Embalmer No.....

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.