S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15645

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 4495

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. John's Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Month (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 6809 Mitchell Avenue.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MERLE ELIJAH TENNANT.

3. (b) If veteran, name war none.

3. (c) Social Security No. 702-10-0207

4. Sex Male.

5. Color or race White.

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

6. (b) Name of husband or wife Florence Tennant.

6. (c) Age of husband or wife if alive 46. years

7. Birth date of deceased December 19, 1881. (Month) (Day) (Year)

8. AGE: Years 63. Months 5. Days 0. If less than one day hr. min.

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

10. Usual occupation Clerk.

11. Industry or business 'Katy' Railroad.

MOTHER FATHER

12. Name Lawrence Tennant.

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

14. Maiden name Prudence J. Crooks.

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

16. (a) Informant Mrs Florence Tennant.

(b) Address 6809 Mitchell Ave.,

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 5/22/45. (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address 7233 Delmar Blv'd.,

19. (a) MAY 24 1945 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May. day 19th, year 1945. hour 8:50 minute P. M.

21. I hereby certify that I attended the deceased from May 19, 1945 to May 19, 1945 that I last saw him alive on May 19, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma, liver	1½ yrs
Due to —	
Due to	
Other conditions Carcinoma, stomach & lungs (Include pregnancy within 3 months of death)	1 yr

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)
While at work? (e) Means of injury

23. Signature C. O. Lupper (M. D. or other) M. D.
Address 402 Custer Bldg Date signed 5-21-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Victor Pfeffer
4500 Olive
FO-3800
12-3 P.M.

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 C. R. Lupton Jr

Licensed Embalmer No. 2123

P. O. Address U. City Mo.

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.