

No. 2  
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5-17-39  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 25 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3338127**  
Registrar's No. **3319**

Registration District No. **317** Primary Registration District No. **3066**

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Kirkwood, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Agnes Home 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 55 Years  
years, months or days

3. (a) PRINT FULL NAME Ellen Dennis  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W.  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Fredrick Dennis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 11, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 8 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

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

MOTHER FATHER

12. Name Arthur Corner  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Dont Know  
15. Birthplace Dont Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter R. Dennis  
(b) Address # 45 Hilldale Ave.

17. (a) Burial (b) Date thereof 11-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur Corner

(b) Address 3840

19. (a) 11-19-46 (b) Arthur Corner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County \_\_\_\_\_  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 10341 Manchester Road  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 16th,  
year 1946, hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_  
that I last saw her alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Fibriulation 5 days  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 61

Other conditions Arteriosclerotic  
(Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature R. J. Williams (M. D. or other) \_\_\_\_\_  
Address 3501 Big Bend Date signed 11/19/46

Dr. Volker  
Biggs  
1-1-46

NOV 27 1945

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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address. 3840 Lindell

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.