No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11603

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2791

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)
In this community 1 month

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. 4127a Botannical Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ottilie LeRoi Tennant
3. (b) If veteran, name war no
3. (c) Social Security No. 085-07-1903
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 14th (Day) 1872 (Year)
8. AGE: Years 75 Months 0 Days 0 If less than one day hr. min.
9. Birthplace Nashville (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Proof Reader
11. Industry or business New York Tribune

FATHER
12. Name Charles LeRoi
13. Birthplace Nepanee (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name Ottilie Waterman
15. Birthplace New York City (City, town, or county) (State or foreign country)

16. (a) Informant Charles LeRoi
(b) Address 4127a Botannical Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd
19. (a) MAR 17 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 14 day
year 1947 hour 1 minute 45 A.M.
21. I hereby certify that I attended the deceased from Feb. 1, 1947 to March 14, 1947
that I last saw her alive on March 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized carcinomatosis with metastasis to brain	1 yr
Due to	
Due to Original site → Myo-sarcoma of Inguinal Glands	1 yr.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As Above

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 0
23. Signature P. D. Stahl (M.D. or other)
Address 462 N. Taylor Ave Date signed 3/15/47

(Licensed Embalmer's Statement on Reverse Side)

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 Neville B. Grohwitter

Licensed Embalmer No. 3696

P. O. Address 4161 Lindell Blvd

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.