

No. 2
1/47
5-17-39

10095

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 23 1948

1003

2387

Registrar's No.

Registration District No. 318

Primary Registration District No.

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:
5345 Pershing Ave.
(If not in hospital or institution, write street number or location)

(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..... 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1790

(d) Street No. 5345 Pershing Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Lille B. Denyven

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F. / 5. Color or race W.

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: September 5 1877
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day

70 6 3hr.min.

9. Birthplace: Palestine, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business stenographer

12. Name James Denyven

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

14. Maiden name Alexandria Sutherland

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

16. (a) Informant Raymond J. Denyven

(b) Address 420 Hereford Ferguson, Mo.

17. (a) burial (b) Date thereof 3/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

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

(b) Address 7233 Delmar Blvd.

19. (a) MAR 9 1948 (b) J. F. Bradach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1948 hour 11:30 minute P. M.

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

Immediate cause of death.....
Cortic Steroids

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause of 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 J. F. Bradach (M.D. or other) 3
Address..... Date signed 3/9/48

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

MOTHER FATHER

10-9-10

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 Raymond L. Morris
Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.