

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24211

FILED JUL 22 1948

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6289

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:
Homer G Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 days
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Moses Dennis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Annie Dennis
 6. (c) Age of husband or wife if alive 32 years
 7. Birth date of deceased Sept. 2, 1902
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 10 11 _____ hr. _____ min.

9. Birthplace Pine Bluff, Ark.
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Frank Dennis

13. Birthplace Pine Bluff, Ark.
 (City, town, or county) (State or foreign country)

14. Maiden name Fannie Nichols

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

16. (a) Informant Annie Dennis

(b) Address 1308 Linden

17. (a) Burial (b) Date thereof 7-18-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine Bluff, Ark.

18. (a) Signature of funeral director E. B. Koonce

(b) Address 1221 N. Grand Blvd.

19. (a) JUL 15 1948 (b) J. F. Briscoe
 (Date received local registrar) (Registrar's signature)

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. 1305 Linden
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
 year 1948 hour 1 minute 50 a.m.

21. I hereby certify that I attended the deceased from 6-29, 1948, to 7-13, 1948,
 that I last saw him alive on July 13, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Undet.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy No

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? _____

While at work? _____ (Specify type of place) Means of injury _____

Signature Oscar Lip Daniels (M. D. or other) _____

Address 2601 N Whittier Date signed 7/14/48

MOTHER FATHER

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

Geodora S. Yandel

Licensed Embalmer No.

4243

P. O. Address:

14 Traymore

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.

Registration District No. 318

Primary Registration District No. 1003

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:

(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)

3. (a) PRINT FULL NAME Mosesa Dennis

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race B 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased Sept 2 1902
(Month) (Day) (Year)

8. AGE: Years 45 Months Days If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant..... (b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a) (Date received local registrar) (b) J. F. Braddock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 13
year 1948 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

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?.....

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

23. Signature..... (M. D. or other).....

Date signed.....

SUPPLEMENTARY

MOTHER FATHER

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

JUL 28 1948

5-24211

105234

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