

FILED AUG 23 1948

Registration District No. **318**

Primary Registration District No. **1003**

State File No.

Registrar's No. **2005**

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: **LUTHERAN HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community **2 YEARS** years, months or days)

3. (a) PRINT FULL NAME **DANIEL DENNIS**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased **AUGUST 2, 1948**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 hr. **25** min.

9. Birthplace **ST. LOUIS** **MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name **DOYLE L. DENNIS**
13. Birthplace **LHAPEEE** **MISSOURI**
(City, town, or county) (State or foreign country)
14. Maiden name **KATHLEEN JOHNS**
15. Birthplace **NAHUNTER** **GEORGIA**
(City, town, or county) (State or foreign country)

16. (a) Informant **DOYLE L. DENNIS**
(b) Address **4821 S. BROADWAY**
17. (a) **removal** (b) Date thereof **8-2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lutesville, Missouri**

18. (a) Signature of funeral director **C. F. Baker**
(b) Address **Lutesville, Missouri**
19. (a) **AUG 10 1948** (b) **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. LOUIS**
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **4821 S. BROADWAY**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **2**, year **1948** hour **5⁰⁵** minute **A** M.

21. I hereby certify that I attended the deceased from **2⁴² A.M. - 8-2-48**
1948 to **5⁰⁵ A.M. - 8-2, 1948**
that I last saw him alive on **AUGUST 2, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death

Congenital defects

Due to

Due to **157 ml**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(c) 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 **Burchard Smith** (M. D. or other) **dr. D.**
Address **6006 Virginia Ave** Date signed **8-2-48**

5002

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.

NOT embalmed

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.