

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18019

BIRTH NO. _____ REG. DIST. NO. 307 PRIMARY REG. DIST. NO. 3067 Registrar's No. 1079

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LADUE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ladue</u>	
c. LENGTH OF STAY (in this place) <u>15yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>800 South Price Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>800 South Price Rd.</u>		d. STREET ADDRESS (If rural, give location) <u>800 South Price Rd.</u>	

3. NAME OF DECEASED (Type or Print) <u>Joseph T Dennison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4/30/49</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5/1/77</u>		9. AGE (In years last birthday) <u>71</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tobacco Firm</u>	11. BIRTHPLACE (State or foreign country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George Dennison</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Lonchue</u>	14. NAME OF HUSBAND OR WIFE <u>Catherine</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Dennison</u> ADDRESS <u>800 S. Price Rd</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>	DUE TO (b) <u>Arterio-Sclerosis</u>		<u>4 hrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Myocarditis, Chronic</u>		<u>Years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>93 d</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Sept 4, 1947, to April 30, 1949, that I last saw the deceased alive on April 30, 1949, and that death occurred at 4:55 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Alfred M. Langendorf M.D.</u>	23b. ADDRESS <u>6200 Hoffman Ave</u>	23c. DATE SIGNED <u>May 2, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/3/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemt</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>
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DATE REC'D BY LOCAL REG. <u>5-3-49</u>	REGISTRAR'S SIGNATURE <u>Frank Langendorf</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harish & Spearman</u> ADDRESS <u>4415 Washington Blvd.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11 Nov 62
6200 Hagerman
Hagerman

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Albert G. Hagerman

Signed _____
Student Embalmer

Licensed Embalmer No. 2971

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.