No. 300
10.48

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11476

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 809

1. PLACE OF DEATH

a. COUNTY: St. Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARSONVILLE

c. LENGTH OF STAY (In this place): 25 months

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Penn Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis

d. STREET ADDRESS (If rural, give location): 5947 a Julian Avenue

3. NAME OF DECEASED (Type or Print)

a. (First): HATTIE

b. (Middle): MAY

c. (Last): DENTON

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1950

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feby 15, 1875

9. AGE (In years last birthday): 75 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Kellerton, Iowa

12. CITIZEN OF WHAT COUNTRY?: America

13a. FATHER'S NAME: William Campbell

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Clement Denton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Charles C. Denton, 5947 a Julian Avenue

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 or 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cancer of Urinary bladder

DUE TO (c) Cystitis of bladder

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None known

19a. DATE OF OPERATION: 1/1/X

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March, 1950, *to* March, 1950 *that I last saw the deceased alive on* 3/28, 1950, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Rose Minnie Rose (Degree or title): M.D.

23b. ADDRESS: 5301 A Easton Ave

23c. DATE SIGNED: 3/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 29, 1950

24c. NAME OF CEMETERY OR CREMATORY: Mt. Lebanon Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REGISTRAR: MAR 28 1950

REGISTRAR'S SIGNATURE: Herbert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Shepard Funeral Home, 1167 Hamilton Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

_____ working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.