

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28121  
7362  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

5

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

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St Louis Mo</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St Louis</b> <b>2169</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Little Sisters of Poor</b>   |  | e. STREET ADDRESS (If rural, give location)<br><b>3400 S Grand Av</b>   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Michael</b><br>b. (Middle) <b>Dennis</b><br>c. (Last) <b>Dennis</b>  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Aug 27 1950</b>  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>  | 8. DATE OF BIRTH<br><b>Abt 1866</b>   |
| 9. AGE (In years last birthday)<br><b>Abt 84</b>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>  | 11. BIRTHPLACE (State or foreign country)<br><b>Austria</b>                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U S</b>  |
| 13a. FATHER'S NAME<br><b>Unknown</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Stella (Deceased)</b>                           |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>John Dennis 2343 s 7th Street</b> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Generalized arteriosclerosis</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |   |   |
| 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)<br><b>St Louis, Mo</b>   |   |
| 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?<br><b>4200</b>   |   |
| 22. I hereby certify that I attended the deceased from <b>Jan</b> , 19 <b>50</b> , to <b>6/27</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>6/25</b> , 19 <b>50</b> , and that death occurred at <b>9:15</b> p.m., from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE<br><b>R. A. Meyer M.D.</b>  |  | 23b. ADDRESS<br><b>539 N. Grand</b>   | 23c. DATE SIGNED<br><b>8/29/50</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 24b. DATE<br><b>8/29/50</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mt Hope Cemetery</b>   | 24d. LOCATION (City, town, or county) (State)<br><b>St Louis Mo</b>               |
| DATE REC'D BY LOCAL REG.<br><b>AUG 29 1950</b>   | REGISTRAR'S SIGNATURE<br><b>J. B. Sasser</b>   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Maryann Funeral Home</b>   | ADDRESS<br><b>1926 Allen</b>  |

200402

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Paul A. Johnson

Licensed Embalmer No. 4533

P. O. Address 1924 Allen

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.