No. 300
10-48

FILED NOV 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39809

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9458

1. PLACE OF DEATH
a. COUNTY .....
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Groves
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 60 WebSter Groves 4607
d. STREET ADDRESS (If rural, give location) Holly Dr. I4I3

3. NAME OF DECEASED (Type or Print) a. (First) DELBERT b. (Middle) FRANK c. (Last) TENNEY

4. DATE OF DEATH (Month) (Day) (Year) Oct 25 I95I

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sep't 26 I88I
9. AGE (In years last birthday) 70 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) Conductor
10b. KIND OF BUSINESS OR INDUSTRY R. R. Retired
11. BIRTHPLACE (State or foreign country) Auburn Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Franklin P. Tenney
13b. MOTHER'S MAIDEN NAME Rose Crandall
14. NAME OF HUSBAND OR WIFE LULa TENNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) .....
16. SOCIAL SECURITY NO. .....
17. INFORMANT'S SIGNATURE OR NAME Lulu Tenney I4I3 Holly Dr. ADDRESS

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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 day
Coronary occlusion — 9 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio
DUE TO (c) Vascular disease over 10 years

II. OTHER SIGNIFICANT CONDITIONS
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? 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? 4201

22. *I hereby certify that I attended the deceased from* _____, 1948, *to* 10-25-, 1951, *that I last saw the deceased alive on* 10-25-, 1951, *and that death occurred at* 9:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H. A. Goodrich M.D.
23b. ADDRESS 19 E. Lockwood, Webster Groves 19, Mo.
23c. DATE SIGNED 10-26-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5
24b. DATE 10-26-I95I
24c. NAME OF CEMETERY OR CREMATORY Memorial Lawn
24d. LOCATION (City, town, or county) (State) Wichita Kansas

DATE REC'D BY LOCAL REG. OCT 26 1951
REGISTRAR'S SIGNATURE J. Earl Smith, M.D. WJS
25. FUNERAL DIRECTOR'S SIGNATURE Parker - Aldrich Fun Home
ADDRESS WEBSTER GROVES MO.

(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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves

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.