

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42872

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11470

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>217</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>	
c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3822 SHAW BLVD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>3822 SHAW BLVD</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>GEORGE</u>	b. (Middle) <u>T</u>	c. (Last) <u>DENNY</u>	(Month) <u>DEC</u>	(Day) <u>25</u>	(Year) <u>1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT 27-1896</u>		9. AGE (In years last birthday) <u>55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANICAL DRAFTSMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>SAMUEL DENNY</u>	13b. MOTHER'S MAIDEN NAME <u>LAURA M DWYER</u>	14. NAME OF HUSBAND OR WIFE <u>FLORENCE DENNY (DECEASED)</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>1<sup>st</sup> World War</u>	16. SOCIAL SECURITY NO. <u>494-07-2262</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Laura Bonnett</u> ADDRESS <u>3822 Shaw Blvd</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Portal Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> <u>2 mo.</u>
	ANTECEDENT CAUSES <u>Vitaminosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 <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)
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? <u>5810</u>

22. I hereby certify that I attended the deceased from Jan 14, 1949 to Dec 25, 1951, that I last saw the deceased alive on 12-24, 1951, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Quelant W. Hubert M.D.</u>	23b. ADDRESS <u>1802 So Grand</u>	23c. DATE SIGNED <u>12-26-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>DEC 27-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cabany Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>
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DATE REC'D BY LOCAL REG. <u>DEC 26 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>1405 S Grand</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Don E. Hoffman*

Licensed Embalmer No. *4366*

P. O. Address *Don E. Hoffman*

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.