

REC'D OCT 8 1952

STANDARD CERTIFICATE OF DEATH

32879

State File No. ....

318

1003

8725

Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>			b. COUNTY <b>St. Louis</b>		
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Affton 4800</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Faith Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>6635 Weber Road</b>		

3. NAME OF DECEASED (Type or Print)		a. (First) <b>Earl</b>		b. (Middle) <b>Clyde</b>		c. (Last) <b>Dennis</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9-15-1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>9-10-1906</b>		9. AGE (In years last birthday) <b>46</b>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grading Contractor</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Joseph Dennis</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Kemp</b>		14. NAME OF HUSBAND OR WIFE <b>Dortha Dennis</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>498-18-5532</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dortha Dennis</b>	
				ADDRESS <b>6635 Weber Road Affton</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage, moraine</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 hours</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiovascular Disease</b>				<b>4 moe</b>	
		DUE TO (c) <b>Chronic myocarditis</b>				<b>4 moe</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <b>now</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>443X</b>			

22. I hereby certify that I attended the deceased from June, 1946, to Sept 15, 1952, that I last saw the deceased alive on Sept 15, 1952, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Samuel D. Kelly M.D.</b>		(Degree or title)		23b. ADDRESS <b>3300 N. Kingshighway</b>		23c. DATE SIGNED <b>9-16-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9-15-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>10160 Gravois Road Mo</b>	

DATE REC'D BY LOCAL REG. <b>SEP 18 1952</b>		REGISTRARS SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bozgenheim Bros.</b>		ADDRESS <b>6409 Gravois Ave</b>	
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(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 \_\_\_\_\_

*John M. Simpson*

Signed.....

Student Embalmer

Licensed Embalmer No. *4343*

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.