

FILED NOV 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38902
4787 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>25 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2925 Woodland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Luthern Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hedrena</u>		b. (Middle) _____	
c. (Last) <u>St. Denis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 31 52</u>	
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-2-1902</u>
9. AGE (In years last birthday) <u>50</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Atchison, Ks.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Theodore Geritz</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Schapp</u>	
14. NAME OF HUSBAND OR WIFE <u>-Denis St. Denis, Romeo, E</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Denis St. Denis</u> ADDRESS <u>2925 Woodland KCMO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regeneration</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>
ANTECEDENT CAUSES (b) <u>Arteric Regurgitation</u>			<u>Unknown</u>
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c) <u>Syphilitic</u>			<u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Terminal Nephritis</u>			<u>3 weeks</u>
19. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21a. ACCIDENT OR HOMICIDE (Specify) _____		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? _____		22. I hereby certify that I attended the deceased from <u>July 18, 1952</u> , to <u>Oct 31, 1952</u> , that I last saw the deceased alive on <u>Oct 31, 1952</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>John M. Powers</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>3304 Lenwood</u>	
23c. DATE SIGNED <u>11/1/52</u>		24. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-3-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. DATE REC'D BY LOCAL REG. _____	
REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u> ADDRESS <u>KCMO.</u>	

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

cons. by J.M.P. 7-17-52

3400

023X

Dr. Powers
3304 Linwood
1-5 pm Sat.

H. Denis

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
Student Embalmer

Signed.....

[Signature]
Student Embalmer No.
Licensed Embalmer No. *2999*

P. O. Address *NC. 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.

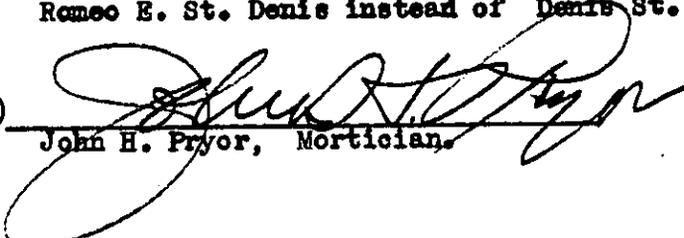
To Whom It May Concern:

This is to certify that the Death Certificate issued in the case of the late Hedrena Mary StDENIS should be corrected as follows:

Line 14 should read Romeo E. St. Denis instead of Denis St. Denis

Line 17 should read Romeo E. St. Denis instead of Denis St. Denis.

(Signed)

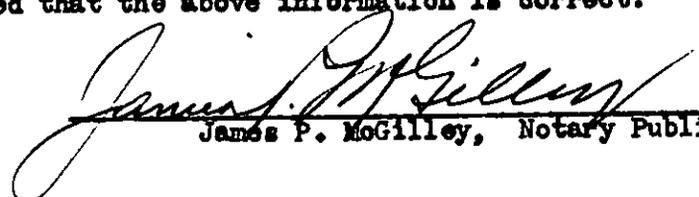

John H. Pryor, Mortician.

STATE OF MISSOURI:

1953.

COUNTY OF JACKSON:

Personally appeared before me at Kansas City, Missouri on this 14th day of January, 1953 the above signed John H. Pryor, personally known to me, and stated that the above information is correct.


James P. McGilley, Notary Public

My Commission expires October 21st, 1956.