

33089

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

V. 5. No. 300

REV. 10-48

FILED SEP 24 1953

8584

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 10 yrs	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 8220 Minnesota ave.			e. STREET ADDRESS (If rural, give location) 8220 Minnesota ave. 20190		
3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) T.	c. (Last) Denby	4. DATE OF DEATH (Month) (Day) (Year) September 2, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 20, 1878	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Watchman	10b. KIND OF BUSINESS OR INDUSTRY Century Electric Co.		11. BIRTHPLACE (City and State or Foreign Country) Centralia, Illinois		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Elijah Denby		13b. MOTHER'S MAIDEN NAME Martha E. Green		14. NAME OF HUSBAND OR WIFE Louise C.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Louise C. Denby		ADDRESS 8220 Minnesota ave.	
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary & thrombosis 8 mos. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None!				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) 420.1			
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?			
22. I hereby certify that I attended the deceased from Jan , 19 53 , to Sept , 19 53 , that I last saw the deceased alive on Aug 25 , 19 53 and that death occurred at 10:30 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE John G. Kellett (Degree or title)		23b. ADDRESS 7602 S. Bway		23c. DATE SIGNED 2 Sept 53	
24a. BURIAL, CREMATION OR REMOVAL (Specify)	24b. DATE Sept. 5, 1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope cemetery	24d. LOCATION (City, town, or county) (State) 1215 Lemay Ferry Rd.		
DATE REC'D BY LOCAL REG. SEP 3 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway		

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Harry J. Blumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address *7514 S. Broadway*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.