

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44743**
Registrar's No. **3333**

FILED JAN 11 1954

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3333**

1. PLACE OF DEATH a. COUNTY ST. LOUIS,		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 MANCHESTER	c. LENGTH OF STAY (In this place) 4 Days	c. CITY OR TOWN ST. LOUIS, MO.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home,		e. STREET ADDRESS (If rural, give location) 5660A. Cabanne	

3. NAME OF DECEASED (Type or Print) MARY	a. (First)	b. (Middle) LENA	c. (Last) DENNY	4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 26, 1953
---	------------	-------------------------	------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH July 28, 1874	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
-----------------------------	--------------------------------------	--	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	---

13a. FATHER'S NAME Unk. Secoy	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Albert - Deceased
---	---	---

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. 4715.	17. INFORMANT'S SIGNATURE OR NAME Helen Granstaff, 5561 Chamberlain, St. Louis, Mo	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hr 5 hr 2 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		
	ANTECEDENT CAUSES Chronic		
	DUE TO (b) Myocardial infarction		
	DUE TO (c) Myocardial infarction		
	II. OTHER SIGNIFICANT CONDITIONS Myocardial infarction		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 592X	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) (m.)	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 10:15 1953, to 5:26 1953, that I last saw the deceased alive on Dec 24, 1953, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

22a. SIGNATURE <i>Robert J. Hoover</i> (Degree or title)	23b. ADDRESS 506 Olive St	23c. DATE SIGNED 1/28/54
---	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-28-1953	24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
--	------------------------------------	---	--

DATE REC'D BY LOCAL REG. 12/28/53	REGISTRAR'S SIGNATURE <i>Herbert K. Spake, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>McLaughlin Funeral Home, Inc.</i>	ADDRESS 2301 Lafayette, St. Louis 4, Missouri
---	--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

4000
4

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 *James P. Chapman*
Licensed Embalmer No. *755*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.