

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20385  
Registrar's No. 4899

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>2179</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis 1</i>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>St. Louis</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>0</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4208 Shaw</i>		e. STREET ADDRESS (If rural, give location) <i>19 4208 Shaw</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>George</i> b. (Middle) <i>Dennis</i> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>5 / 31 / 54</i>		
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5. SEX <i>M O W</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER, MARRIED, WIDOWED, DIVORCED (Specify) <i>M /</i>	8. DATE OF BIRTH <i>7/15/1895</i>	9. AGE (In years last birthday) <i>58</i>	IF UNDER 1 YEAR Months <i>10</i> Days <i>2</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>restaurant owner</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>restaurants</i>		11. BIRTH PLACE (City and State, or Foreign Country) <i>Greece</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
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13a. FATHER'S NAME <i>Geor Dennis</i>		13b. MOTHER'S MAIDEN NAME <i>Lou's Knew</i>		14. NAME OF HUSBAND OR WIFE <i>Mrs. Marine Dennis 4208 Shaw</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Marine Dennis 4208 Shaw</i>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Stomach</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>1</i> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <i>10 mos</i>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma, stomach</i>		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) <i>151X</i>
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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?
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22. I hereby certify that I attended the deceased from *7/6*, 19*52*, to *May 31*, 19*54*, that I last saw the deceased alive on *5/31*, 19*54*, and that death occurred at *5:00* p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>C. K. Leinschmidt M.D.</i>	23b. ADDRESS <i>508 N Grand</i>	23c. DATE SIGNED <i>6-2-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>6/3/1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sunrise Burial Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>JUN 2 1954</i>	REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Jos. A. Howard 1619 So. Grand</i>
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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.....  
Signature of Student Embalmer

Signed.....  
*Paul C. Washburn*

Licensed Embalmer No. *478*

P. O. Address *St. Louis*

**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.**