

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 31 1955

State File No. **9515**
Registrar's No. **2464**

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| 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 MO. b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | |
| c. LENGTH OF STAY (in this place) _____ | | d. STREET ADDRESS (If rural, give location) 3740 ST. LOUIS AVE. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 12th SPRUCE MEDICAL BLDG | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) DENNY c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) 3-15-55 |
| 5. SEX MALE | 6. COLOR OR RACE NEGRO | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED. | 8. DATE OF BIRTH 2-18-1885 |
| 9. AGE (In years last birthday) 70 | | # UNDER 1 YEAR Months _____ Days _____ | # UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAB. | | 10b. KIND OF BUSINESS OR INDUSTRY MEDICAL DEPOT | 11. BIRTHPLACE (City and State or Foreign Country) MO. |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | | |
| 13a. FATHER'S NAME UNK. | | 13b. MOTHER'S MAIDEN NAME ALLICE DENNY | 14. NAME OF HUSBAND OR WIFE GENEVIEV DENNY |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. 488-10-2882 | 17. INFORMANT'S SIGNATURE OR NAME GENEVIEV DENNY ADDRESS 3740 ST. LOUIS 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) 1. Coronary Occlusion; 2. Coronary Sclerosis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4201 | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:55 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>Joseph M. ...</i> | | 23b. ADDRESS 300 Clark | 23c. DATE SIGNED 3/15/55 |
| 24a. FUNERAL CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE 3-21-55 | 24c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEMETERY | 24d. LOCATION (City, town, or county) (State) ST. LOUIS |
| DATE REC'D BY LOCAL REG. MAR 18 1955 | REGISTRAR'S SIGNATURE <i>Carl Smith</i> | 25. FUNERAL DIRECTOR'S SIGNATURE J. MCCLENDON ADDRESS 4535 WASHINGTON | |

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus Ave

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.