

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15061

State File No.

BIRTH NO.		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 545		Registrar's No. 1014			
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 Maplewood		c. LENGTH OF STAY (in this place) 2 Years		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 Maplewood Nursing Home				STREET ADDRESS (If rural, give location) 2938 Palm Street, 7,				210/6	
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) DAVIS		c. (Last) DENNIS		4. DATE OF DEATH (Month) (Day) (Year) April 18th, 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 6th, 1871		9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Own Home			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Bohley			13b. MOTHER'S MAIDEN NAME Magdalena Kochman			14. NAME OF HUSBAND OR WIFE Late George Dennis			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Wm. L. Weeman, 5955 Wanda Avenue, 16,					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>over 2 yr.</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) 4200					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>June 25, 1954</u> , to <u>April 18, 1956</u> , that I last saw the deceased alive on <u>April 18, 1956</u> , and that death occurred at <u>6:50A m.</u> , from the causes and on the date stated above.									
23. SIGNATURE <u>James B. Jones</u>			(Degree or title) <u>MD</u>		23b. ADDRESS <u>337 W. Lockwood Webster Groves 19, Mo</u>		23c. DATE SIGNED <u>4-19-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/20/56		24c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. 4-19-56		REGISTRAR'S SIGNATURE <u>Herbert R. Romberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CALVIN F. FEUTZ</u>		ADDRESS <u>4828 Natural Bridge Blvd., St. Louis, 15, Mo.</u>			

(Licensed Emballer's Statement on Reverse Side)

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

File in County.

Daily except Wednesday's,

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 *John A. McLean*

Licensed Embalmer No. *410*

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.