

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State No. **58-008214**

FILED MAR 12 1958

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **606**

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hgts.				c. LENGTH OF STAY (in this place) 6 Wks.		c. CITY OR TOWN Fenton 4000					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Mary's Hospital				STREET ADDRESS (If rural, give location) RR-1							
3. NAME OF DECEASED (Type or Print) a. (First) PAULINE			b. (Middle) M.		c. (Last) DENNIS		4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1958				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.		8. DATE OF BIRTH July 7, 1878		9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 7 Days 18 IF UNDER 24 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 None		11. BIRTHPLACE (City and State or Foreign Country) Mehlville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Maxmilian Stengel				13b. MOTHER'S MAIDEN NAME Madelyn Fuchs		14. NAME OF HUSBAND OR WIFE Frank Dennis					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No				16. SOCIAL SECURITY NO. 491-40-4645A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Dennis-Kirkwood 22, Mo.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia (bacterial) INTERVAL BETWEEN ONSET AND DEATH 5 days 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 Diabetes mellitus Conditions contributing to the death but not related to the disease or condition causing death. Cerebr. arteriosclerosis 491X uncertain uncertain				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION none							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No				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? _____					
22. I hereby certify that I attended the deceased from Oct. 11, 1945 , to Febr. 25, 1958 , that I last saw the deceased alive on Febr. 25, 1958 , and that death occurred at 11 A. m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) H. E. Oppenheimer, M.D.				23b. ADDRESS 35 N. Central Ave. Clayton, Mo.				23c. DATE SIGNED Feb. 27, 1958			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 28, 1958		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County - Mo.					
DATE REC'D BY LOCAL REG. 2-27-58		REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pfizinger Mort. Kirkwood 22, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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.....
Ben E. Hoffman
Licensed Embalmer No. *436*
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.