

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007698

STATE FILE NUMBER
2 1411

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED MAR 2 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ferguson 4112
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		Length of stay in lb 1 Week	d. STREET ADDRESS (If outside, give location) 15 Randolph Ave.
3. NAME OF DECEASED (Type or print) First Middle Last Arthur Francis Tenney			4. DATE OF DEATH Month Day Year 2 9 59
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-3-06
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Industrial Eng.		10b. KIND OF BUSINESS OR INDUSTRY McDonnell Aircraft	11. BIRTHPLACE (City and state or country) Troy, Ohio
13a. FATHER'S NAME Frank Tenney		13b. MOTHER'S MAIDEN NAME Tullis	14. NAME OF HUSBAND OR WIFE Charlotte Bozarth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO None		16. SOCIAL SECURITY NO. 172-07-1511	17. INFORMANT Charlotte Tenney 15 Randolph Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Gall Bladder</i>			INTERVAL BETWEEN ONSET AND DEATH 3 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>155.1</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>Nov 5, 1958</i> to <i>Feb 8, 1959</i> and last saw him alive on <i>Feb 8, 1959</i> Death occurred at <i>7:30 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John M. D.</i>		22b. ADDRESS 40 N. Florissant Rd.	22c. DATE SIGNED 2/9/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-12-59	23c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery	23d. LOCATION (City, town, or county) (State) Dayton, Ohio
24. FUNERAL DIRECTOR White-Kullen 118 N. Florissant Rd.		25. DATE RECD. BY LOCAL REG. FEB 10 59	26. REGISTRAR'S SIGNATURE <i>Earl Smith. M.D.</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 18 1959

MAR 10 1959

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 self....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Reinhold K. Lohrm.....

Licensed Embalmer No. 3395.....

P. O. Address Herguson 21.....

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.