URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-041743

STATE FILE NUMBER

FILED VS NOV 30 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210615

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 5 days

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) De Paul Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3941 Blair Avenue — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Margie Middle Last Dennis

4. DATE OF DEATH Month Day Year November 15 1959

5. SEX female

6. COLOR OR RACE white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1-10-1908

9. AGE (last birthday) 51 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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 At Home

11. BIRTHPLACE (City and state or country) Kansas City, Mo

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Charles Stanton

13b. MOTHER'S MAIDEN NAME Hermoine Cassaday

14. NAME OF HUSBAND OR WIFE Arthur N. Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Arthur N. Dennis, 3941 Blair Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH 1 yr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 156.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 June 1-59 to Nov 15th and last saw her/him alive on Nov 15th-59

Death occurred at 8:40 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] — 22b. ADDRESS 4114 W Lorissant — 22c. DATE SIGNED 11/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov. 18, 1959

23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery

23d. LOCATION (City, town, or county) St. Louis (State) Missouri

24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair

25. DATE RECD. BY LOCAL REG. NOV 17 1959

26. REGISTRAR'S SIGNATURE Carl Smith, M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wilford G Beasley

Signature of Student Embalmer

Licensed Embalmer No. 4203

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.