

Registration District No. **791**
1003

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6003 Wanda
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. EMMA MARIE DENNY **508**

3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Denny 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 18 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Irondale Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Household

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Blum

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Julia Breinecke

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Denny

(b) Address 6003 Wanda

17. (a) Burial (b) Date thereof Sept. 16, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Richard F. Wood

(b) Address 1936 St. Louis Ave.

19. (a) SEP 16 1939 (b) J. B. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **2**
(If outside city or town limits, write "RURAL")
(d) Street No. 6003 Wanda
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1939 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 2, 1939 to Sept 14, 1939
that I last saw her alive on Sept 12 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Gastrointestinal Neoplasia

Due to _____

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature F. W. Spring (M. D. or other)

Address 3211 1/2 Jefferson Date signed 9/14/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WHITE PEARL - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X 3181

Dr. F. W. V. ...
33. ...
of ...

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.....

Max Warfel

Registered Apprentice No. *215*

working under my personal supervision.

Signed.....

[Signature]

Licensed Embalmer No. *2737*

P. O. Address.....

1936 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 this body is not embalmed, above space should be left blank.