DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30937

OCT 14 1939 791

Registration District No. 1003 Primary Registration District No. Registrar's No. 8000

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4140 Labadie Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 Years (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 10

(d) Street No. 4140 Labadie Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth Deniger 526

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Clemens Deniger

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 1, (Day) 1858 (Year)

8. AGE: Years 80 Months 9 Days 14 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Elam Faires

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

MOTHER 14. Maiden name Elizabeth Cuddy

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

16. (a) Informant's own signature Emma Deniger

(b) Address 4140 Labadie Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation St. Jacobs, Ill.

18. (a) Signature of funeral director Cathy J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) SEP 17 1939 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15, year 1939 hour 5 minute 05 p. M.

21. I hereby certify that I attended the deceased from Sept. 8, 1939 Sept. 8, 1939 to Sept. 15, 1939 that I last saw her alive on Sept. 8, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	9-8-38
Due to Arteriosclerosis	9-8-37
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Emmett Lynn (M. D. or other) M.D.

Address 3482 N. Grand Date signed 9-16-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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.

REV. 5-17-39 I X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.