

S. No. 2  
-11-10-39  
5-17-40  
-1 X2149

Registration District No. 791

Primary Registration District No. 1003

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

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: ST. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) 570

3. (a) PRINT FULL NAME CAROLYN SUE DENNIS.

8. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. JUNE 3 1938  
(Month) (Day) (Year)

8. AGE: Years 2 Months - Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name MARVIN DENNIS  
13. Birthplace TEXAS  
14. Maiden name FERN TUNNICLIFF  
15. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin Dennis  
(b) Address 3016 St. Vincent Av.

17. (a) BURIAL (b) Date thereof JULY 3 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW SS PETER & PAUL CEM

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Av.

19. (a) JUL 2 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3016 ST. VINCENT AV.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1  
year 1940 hour 09<sup>00</sup> minute AM.

21. I hereby certify that I attended the deceased from 6-30, 1940, to 7-1, 1940; that I last saw her alive on 7-1-40, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Polomyelitis Epidemic Duration 2 days

Due to \_\_\_\_\_  
Due to 16  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy Inflammation of brain Acute polioencephalitis

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 E. H. Bowden (M. D. or other) \_\_\_\_\_  
Address No. Theatre Bldg Date signed 7-2-40

**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 Jose B. Hollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

**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.**