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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 2 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30384
Registrar's No. 7661

Registration District No. 791 Primary Registration District No. 1003

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. LOUIS. CITY HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 HRS. (Specify whether years, months or days)
In this community 20 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 26
(d) Street No. 3243a N. 20th ST. (If rural, give location) 6
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ROBIN. ROY TENNEY
3. (b) If veteran, name war NONE
3. (c) Social Security No. 49305-2269
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband~~ or wife LEA TENNEY
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased APRIL-17-1888 (Month) (Day) (Year)
8. AGE: Years 52 Months 4 Days 23 If less than one day hr. min.
9. Birthplace KANSAS CITY (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation SALESMAN
11. Industry or business CHAMBERLIN METAL-WEATHER-STRIPPING
12. Name HARRIS TENNEY (FATHER)
13. Birthplace UNK. (City, town, or county) KANSAS (State or ~~foreign country~~)
14. Maiden name MARGARET HALL (MOTHER)
15. Birthplace UNK. (City, town, or county) KANSAS (State or ~~foreign country~~)
16. (a) Informant ELIZABETH TENNEY
(b) Address 3243a N. 20th ST.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 13 1940 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St. Louis Mo.
19. (a) SEP 12 1940 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10 year 1940 hour 7 minute 45 A.M.
21. I hereby certify that I attended the deceased from 9-9- 1940 to 9-10 1940 that I last saw him alive on 9-10 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 3 da
Cerebral Hemorrhage — 4 da
Due to Hypertension
Due to
Other conditions Aortic stenosis
(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 [signature] (M. D. or other)
Address 1516 Lafayette Avenue. Date signed 9/4/40

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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