

Registration District No. 784

Primary Registration District No. 200

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.

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town Manchester  
 (c) Name of hospital or institution: Manchester Nursing Home  
 (d) Length of stay: In hospital or institution 1 1/2 months life  
 In this community life

3. (a) PRINT FULL NAME MICHAEL DENNIS  
 3. (b) If veteran, name war NO  
 3. (c) Social Security No. NO

4. Sex male  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife NO  
 6. (c) Age of husband or wife if alive 1869 years  
 7. Birth date of deceased March 2 1869

8. AGE: Years 71 Months 7 Days 3  
 If less than one day hr. min.

9. Birthplace Valley Park Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business 0

**MOTHER FATHER**  
 12. Name John Dennis  
 13. Birthplace Valley Park  
 14. Maiden name Louisa Link  
 15. Birthplace Valley Park Mo.

16. (a) Informant's own signature Jessie Dennis

(b) Address Valley Park Mo

17. (a) Burial St. Louis (b) Date thereof 10/5/40  
 (c) Place: burial or cremation New St. Peter's

18. (a) Signature of funeral director Hennrich

(b) Address Fenton Mo.

19. (a) OCT - 7 1940 (b) R. Meyer  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis  
 (c) City or town rural  
 (d) Street No. Valley Park Route 1  
 (e) If foreign born, how long in U. S. A. years

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month October day 5<sup>th</sup>  
 year 1940 hour 11 minute 25 A. M.

21. I hereby certify that I attended the deceased from June 18<sup>th</sup>  
 1940 to October 5<sup>th</sup> 1940  
 that I last saw him alive on October 5<sup>th</sup> 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage.

Due to 87a1

Other conditions Arterio Sclerosis  
 (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 R. J. Jansen (M. D. on file) \_\_\_\_\_  
 Address Manchester Mo Date signed 10/5/40

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**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

*Samuel H. Poist*  
.....  
Licensed Embalmer No. *3047*  
.....  
P. O. Address *Faulcon*  
.....

**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.**