

1-40
-39
229159

Registration District No. **791** Primary Registration District No. **1003**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
4530a Clayton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 2
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Elnora A. Denny

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 widowed

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

7. Birth date of deceased January 3, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>10</u>	<u>2</u>	<u>hr. min.</u>

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name John Christian

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

14. Maiden name Anna Bauer

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

16. (a) Informant Adeline Glascock

(b) Address 1420 Withrow, Brentwood, Mo.

17. (a) Burial (b) Date thereof 11/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) NOV 7 1940 (b) J. B. Budeck
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 4530a Clayton
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5
year 1940 hour 8.25 P.M. minute..... M.

21. I hereby certify that I attended the deceased from Oct. 14
1940 to Nov. 5 1940
that I last saw her alive on Nov. 5 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure Duration.....

Due to Cancer of uterus and metastases 4-5 yrs.
Primary site in cervix

Other conditions.....

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?.....

While at work?..... (Specify type of place)
(c) Means of injury.....

23. Signature Harvey C. Althoff (M.D. or other)

Address 4104 1/2 St. Louis Av. Date signed 11-7-40

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

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.

Florenz Eymek
1284
St Louis