

S. No. 2  
M-1-4-41  
v. 5-17-39  
X25390  
000

FILED FOR 24 1942  
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:  
2526a W. Dodier St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 50 Years.

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. 2526a W. Dodier St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William R. Denison.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Florence R. Denison. 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 9 1872.  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>8</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Retired Shipping Clerk

11. Industry or business York Phcy. Co.

12. Name Harvey Denison.

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

14. Maiden name Reeves. 9

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

16. (a) Informant Florence R. Denison.

(b) Address 2536a W. Dodier St.

17. (a) Burial (b) Date thereof 1-19-42.  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JAN 18 1942 (b) J. J. Bedeck  
(Date received local health officer's report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16  
year 1942. hour 4:15A. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 8<sup>th</sup> 1942 to January 16, 1942  
that I last saw him alive on January 16, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 10 yrs

Due to PTA

Due to Arteriosclerosis

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations X  
Of autopsy X

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) (e) Means of injury ?

23. Signature E. A. Schuminger M.D.

Address 4420 Natural Bridge Date signed \_\_\_\_\_

4470 National Bridge Ave.  
8-10 A.M. - 12-2 P.M.  
7-8 P.M.

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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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis 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, fact should be so stated above.**