

FILED APR 27 1942

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 871

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary'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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5319 Tholozan Ave.  
(If rural, give location)  
(e) Citizen of foreign country?.....  
(Yes or No)  
If yes, name country.....

3. (a) PRINT James Morton Tenney  
FULL NAME

3. (b) If veteran, name war None  
3. (c) Social Security No. 488-03-537

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

6. (b) Name of husband or wife Berenice Tenney  
6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Nov. 7th 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 5 11 hr. min.

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

10. Usual occupation Salesman Produce

11. Industry or business.....

12. Name Arkalon Tenney

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

14. Maiden name Margaret Shields

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

16. (a) Informant Mrs. Berenice Tenney

(b) Address 5319 Tholozan Ave.

17. (a) Burial (b) Date thereof 4-21-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Kriegshauser Mortuaries  
(b) 4228 So. Kingshighway Blvd.

19. (a) APR 19 1942 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th  
year 1942 hour 2:25 minute A.M. M.

21. I hereby certify that I attended the deceased from 4/14/42  
..... 19..... to 4/18/42 19.....  
that I last saw him alive on 4/18/42  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Tolerance - ulcerations of transverse colon - growth in lumen  
Due to undetermined  
Due to Probably ca  
Other conditions (include pregnancy within 3 months of death) 407

Duration

PHYSICIAN

Major findings: Of operations.....  
Of autopsy..... ulcerations of colon tumor of liver  
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 [Signature] (M. D. or other)  
Address 607-n 1st Date signed.....

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

6  
38

APR 16 1942

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SEP 5 1947

Warren E. Mantel  
Municipality Class 1-5  
2217675

**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 *Edwin M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address.....

**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.**