

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 306 Clark ave.
(d) Length of stay: In hospital or institution 30 years
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 121
(c) City or town St. Louis
(d) Street No. 306 Clark ave.
(e) Citizen of foreign country? alien # 2 276 729

3. (a) PRINT FULL NAME Morris Dennison (Denenson)
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 13 year 1944 hour 9 minute 2 P.M.

4. Sex male Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unk (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from...
that I last saw h... alive on...
and that death occurred on the date and hour stated above.
Immediate cause of death... Duration

8. AGE: Years Months Days If less than one day
about 65 hr. min.

Due to Coronary Sclerosis
Generalized Arteriosclerosis
Due to...
Other conditions (Include pregnancy within 3 months of death) PH
Major findings: Of operations
Of autopsy

9. Birthplace Bialystok Poland
10. Usual occupation retail furniture dealer
11. Industry or business retired
12. Name Baruch Isaac Dennison
13. Birthplace Poland
14. Maiden name Pessie Kuryansky
15. Birthplace Poland

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Fay Schneider
(b) Address 5595 Maple
17. (a) burial (b) Date thereof 1/14/44
(c) Place: burial or cremation Chesed Shel Emeth
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson ave.
19. (a) JAN 14 1944 (b) J. F. [Signature]

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?
(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 Thomas F. [Signature] (D. or other)
Address Deputy Coroner Date signed 1-14-44

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1597

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.