DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12709

FILED APR 26 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3510

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:
Gibson Hotel--5883 Enright Avenue
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 918
(If outside city or town limits, write "RURAL")

(d) Street No. Gibson Hotel, 5883 Enright Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emma Denton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. 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 ~~1870~~ (Month) 12 (Day) 25 (Year) 1870

8. AGE: Years 73 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation Ret'd Teacher

11. Industry or business

MOTHER FATHER

12. Name Ansel B. Denton

13. Birthplace Corning (City, town, or county) N.Y. (State or foreign country)

14. Maiden name Mary Ann O'Rouke

15. Birthplace Unknown (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mr. Francis D. Denton

(b) Address Gazley Road, Myrtle Creek, Or.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Boulevard

19. (a) APR 17 1944 (Date received local registrar) J. F. Bueneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1944 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from Aug 1938 to April 1944 that I last saw him alive on April 11th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy — Duration

Due to arteriosclerosis — 6 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work (e) Means of injury

23. Signature Walter B. Gost (M. D. or other)
Address 6635 Delmar Date signed 4-12-44

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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

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