

FILED JUN 3 1946

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1175

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home
(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 Missouri (b) County 6700
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5577 St. Edward St. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Francis Denny

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 Single

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

7. Birth date of deceased May 30 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name John Denny

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

14. Maiden name Mary Ann Ahearn

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

16. (a) Informant Catherine Denny
(b) Address 5577 St. Edward St.

17. (a) Burial (b) Date thereof 5-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3320 N. Kingshighway Blvd

19. (a) 5-31-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month May day 28
year 1946 hour 1115 minute am M.

21. I hereby certify that I attended the deceased from May 1
1946 to May 28 1946
that I last saw him alive on May 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

Due to Sevl arteriosclerosis

Due to _____
Other conditions acute diarrhea
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 [Signature] M. D. or other [Signature]
Address Crede Coeur, Mo Date signed 5-28-46

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

MOTHER FATHER

OCT 29 1949
OCT 1 1945

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..... *Fred Frick*

Licensed Embalmer No..... **3186**

P. O. Address..... **St. Louis, Mo.**

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.