FILED MAY 28 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 17854

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 925

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis 96
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maplewood 5
d. STREET ADDRESS (If rural, give location): 7246 Southwest Ave. 3 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): Frank
b. (Middle): G.
c. (Last): Denny, Sr.

**4. DATE OF DEATH** (Month) (Day) (Year): April 13, 1949

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Dec. 2, 1876
**9. AGE** (In years last birthday): 72 — IF UNDER 1 YEAR: Months 4, Days 11 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Tinner
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): St. Louis, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**:

**13a. FATHER'S NAME**: James Denny
**13b. MOTHER'S MAIDEN NAME**: Annabelle Brooks
**14. NAME OF HUSBAND OR WIFE**: Margaret S.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: 493-09-0177
**17. INFORMANT'S SIGNATURE OR NAME**: Margaret Denny **ADDRESS**: 7246 Southwest

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) (2) Fracture right Femur
DUE TO (c) intertrochanteric 2 days 186
Senile Emphysema 21 18
Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**: 4-7-49
**19b. MAJOR FINDINGS OF OPERATION**: Fr. intertrochanteric Rt Femur — Operation Kirschner wire fixation
**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Maplewood, St Louis, Mo 26
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 4 3 49 5 PM
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☑
**21f. HOW DID INJURY OCCUR?**: Pt fell down flight steps

22. *I hereby certify that I attended the deceased from* 4-4-, 1949 *to* 4-13-, 1949, *that I last saw the deceased alive on* 4-13-, 1949, *and that death occurred at* 6:15 P. *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Russell L. Herdeen (Degree or title) **23b. ADDRESS**: 60 Brentwood Clayton **23c. DATE SIGNED**: 4/13/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4-16-1949
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Hill Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Mo.

**DATE REC'D BY LOCAL REG.**: 4-16-49
**REGISTRAR'S SIGNATURE**: Thurid L. Fumgum MD
**25. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS**: Jay B. Smith 7456 Manchester Rd.

(Licensed Embalmer) Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed H L Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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

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