

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18914

317

6076 Registrar's No. 1165

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.	
1. PLACE OF DEATH a. COUNTY t. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) Normandy		c. LENGTH OF STAY (In this place) 2 mths.	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2069		
d. FULL NAME OF HOSPITAL OR INSTITUTION Penn Nursing Home			d. STREET ADDRESS (If rural, give location) 6 5595 Wells		
3. NAME OF DECEASED (Type or Print) a. (First) DAVID		b. (Middle) DENNISON		c. (Last)	
4. DATE OF DEATH May 5, 1950		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH unk		9. AGE (In years, Months, Days, Hours, Min.) 25 7 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail		10b. KIND OF BUSINESS OR INDUSTRY retail furniture		11. BIRTHPLACE (State or foreign country) USSR 6	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Hyman Dennison		13b. MOTHER'S MAIDEN NAME Unk.	
14. NAME OF HUSBAND OR WIFE Lena		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Fay Schneider		ADDRESS 5595 Wells			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis - general DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1946, to May 5, 1950, that I last saw the deceased alive on 5-1, 1950, and that death occurred at 9:15 a.m., from the causes and on the date stated above.					
23a. SIGNATURE Edward J. Berger M.D.			23b. ADDRESS 457 N. Kingshighway		23c. DATE SIGNED 5-8-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/7/50	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		24d. LOCATION (City, town, or county) (State) University City Mo.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 5 1950		REGISTRAR'S SIGNATURE Herbert C. ...		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial 4715 ADDRESS Cherson	

(Licensed Embalmer's Statement on Reverse Side)

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

4001
4

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

Guero J. Anderson
Licensed Embalmer No. *4229*

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.