

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25708**

FILED AUG 6 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1009** Registrar's No. **7018**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
c. LENGTH OF STAY (In this place) 5 Days		d. STREET ADDRESS (If rural, give location) Rt #2 Box 415 Valley Park	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Katherine c. (Last) Dennis		4. DATE OF DEATH (Month) (Day) (Year) July 19 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH (In years) (Month) (Day) (Hours) (Min.) August 16 1870 81 11 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mattese Missouri 0
		12. CITIZEN OF WHAT COUNTRY? America	

13a. FATHER'S NAME Joachin Kempf	13b. MOTHER'S MAIDEN NAME Katherine Kramer	14. NAME OF HUSBAND OR WIFE John Dennis
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 ADDRESS Josephins Kutheis Rt #2 Valley Park

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		INTERVAL BETWEEN ONSET AND DEATH 2 wk
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broadly pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Suicidity DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION total broad pneumonia	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 491X
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 **July 11, 1952** to **July 19, 1952** that I last saw the deceased alive on **July 19, 1952** and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) M.D.	23b. ADDRESS 1703 S. Grand	23c. DATE SIGNED 7-21-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-22-52	24c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery	24d. LOCATION (City, town, or county) (State) Mattese Mo.

DATE REC'D BY LOCAL REG. JUL 21 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfitzinger Kirkwood 22 Mo.
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58 Licensed Embalmer's Statement on Reverse Side

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

3 P.M.

AUG 19 1969

SEP 28 1968

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

William H. Pitzinger

Licensed Embalmer No.

14376

P. O. Address

Kirkwood 22, 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.