

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15615**  
Registrar's No. **3962**

V. S. No. 300  
Rev. 10-48

FILED MAY 14 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|   |                           |   |  |  |   |  |
|---|---------------------------|---|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY  |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>  |                           | c. LENGTH OF STAY (in this place)<br><b>6 Days</b>  |  | c. CITY OR TOWN <b>St. Louis</b>   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>  |                           | e. STREET ADDRESS (If rural, give location)<br><b>6 5969 Wells Av. 2069</b>   |  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Julia</b> b. (Middle) <b>L</b> c. (Last) <b>Dennison</b>   |                           |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>April 15, 1953</b> |  |   |  |
| 5. SEX <b>F</b>   | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>   | 8. DATE OF BIRTH <b>July 7, 1865</b>                           | 9. AGE (In years last birthday) <b>87</b>                                  | IF UNDER 1 YEAR Months Days Hours Min.                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Cleveland, Ohio</b>  |   |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |                           | 13a. FATHER'S NAME <b>Langmeyer</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Not Known</b>                                 |   |  |
| 14. NAME OF HUSBAND OR WIFE <b>Wm. S. Dennison</b>  |                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |  | 16. SOCIAL SECURITY NO. <b>none</b>  |   |  |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Dorothy Dennison</b>   |                           | ADDRESS <b>5932 Park Lane</b>   |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                   |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronariosis General</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Myocardial Chronic</b><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4-15 4:15 PM</b> |  |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>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)   |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br><b>1999</b>                                  |   |  |
| 22. I hereby certify that I attended the deceased from <b>4-1-1953</b> to <b>4-15-1953</b> that I last saw the deceased alive on <b>4-14-1953</b> , and that death occurred at <b>5:20 A.M.</b> , from the causes and on the date stated above. |                           |   |  |  |   |  |
| 23a. SIGNATURE <b>J. H. Hall</b>  |                           | (Degree or title) <b>M.D.</b>   |  | 23b. ADDRESS <b>4909 Delmar</b>  |   |  |
| 23c. DATE SIGNED <b>4/16/53</b>   |                           | 24a. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>   |  | 24b. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b> |   |  |
| 24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>  |                           | 24b. DATE <b>4/17/53</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Buchholz-Koeller</b>                   |   |  |
| DATE REC'D BY LOCAL REG. <b>APR 16 1953</b>   |                           | REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>   |  | ADDRESS <b>5967W. Florissant</b>   |   |  |

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

Cause unknown.

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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.....  
Signature of Student Embalmer

Signed *W. J. Dushko*

Licensed Embalmer No. *4551*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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