

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

State File No. **37751**

FILED NOV 6 - 1953

No. 300
10.48
004

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. <u>2620</u>								
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).										
a. COUNTY St. Louis		a. STATE Missouri		b. COUNTY St. Louis										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (In this place) D.O.A.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland 426X										
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital				d. STREET ADDRESS (If rural, give location) 8901 Forest Avenue										
3. NAME OF DECEASED (Type or Print)			a. (First) William			b. (Middle) Edward			c. (Last) Dennert			4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 22, 1877		9. AGE (In years last birthday) 76		# UNDER 1 YEAR Months _____ Days _____		# UNDER 1 MO. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist				10b. KIND OF BUSINESS OR INDUSTRY General Elec. Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Julius Dennert				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Edith E. Dennert						
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. 489-01-0598		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edith E. Dennert 8901 Forest Av-Overland, Mo								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH		
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction								1 day		
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis								included		
				DUE TO (c)										
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								4201		
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								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)								
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?								
22. I hereby certify that I attended the deceased from <u>April 1, 1953</u> , to <u>Oct 1, 1953</u> , that I last saw the deceased alive on <u>August 30, 1953</u> , and that death occurred at <u>9:55 a.m.</u> , from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) Harold H. Feller M.D.						23b. ADDRESS 2739 N. Grand			23c. DATE SIGNED 10-8-53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE 10-8-1953			24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens			24d. LOCATION (City, town, or county) (State) Wellston, Mo.					
DATE REC'D BY LOCAL REG. 10/8/53			REGISTRAR'S SIGNATURE Wesley S. Stankovic M.D.			25. FUNERAL DIRECTOR'S SIGNATURE William J. ...			ADDRESS 2504 Woodson Rd. Overland-14-Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

David C. Gibson

Licensed Embalmer No.

3454

P. O. Address

Overland 14, 9

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.