

No. 300
10-48

XC # 831 13 93
REG # 5130
SL # 3843 FILED JAN 18 1955
STANDARD CERTIFICATE OF DEATH

43532
State File No. 11891
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 22 DAYS		e. STREET ADDRESS (If rural, give location) 20 1602 NORTH JEFFERSON AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) DENWIDDIE c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 12-25-54		5. SEX MALE 2	
6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 12-31-07		9. AGE (In years just birthday) 46	
10a. USUAL OCCUPATION (Give kind of work and years in working life, even if retired) TRANS-MAN		10b. KIND OF BUSINESS OR INDUSTRY BRICK YARD	
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN DENWIDDIE		13b. MOTHER'S MAIDEN NAME BESSIE PERKINS	
14. NAME OF HUSBAND OR WIFE LULA DENWIDDIE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) (If in war or dates of service) YES WWII	
16. SOCIAL SECURITY NO. 486-18-9870		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMATOSIS DUE TO CARCINOMA OF THE HEAD OF THE PANCREAS		ANTECEDENT CAUSES	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
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	
20. AUTOPSY? YES <input checked="" 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) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 157X		22. I hereby certify that I attended the deceased from 12-3-54, 19__, to 12-25-54, 19__, and that death occurred at 4:05 P.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) EDWARD J. ROFF, M.D.		23b. ADDRESS VAH, ST. LOUIS, MISSOURI	
23c. DATE SIGNED 12-25-54		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE 12-31-54		24c. NAME OF CEMETERY OR CREMATORY NATIONAL	
24d. LOCATION (City, town, or county) (State) JEFFERSON BARRICKS MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bennie Love 3103 Washington	
DATE REC'D BY LOCAL REG. DEC 29 1954		REGISTRAR'S SIGNATURE [Signature]	

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.....
Signature of Student Embalmer

Signed *H. Claude Gordon*

Licensed Embalmer No. *340*

P. O. Address *457506*

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.