

STANDARD CERTIFICATE OF DEATH

State File No. **14241**

FILED MAY 12 1955

BIRTH NO. **84903-55** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **958**

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) RICHMOND HTS.		c. CITY (If outside corporate limits, write RURAL and give township) HANLEY HILLS 28	
c. LENGTH OF STAY (In this place) 20 days		d. STREET ADDRESS (If rural, give location) 1931 BAINBRIDGE DRIVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH						
a. (First) TERRI	b. (Middle) SUSAN		c. (Last) TENNANT	(Month) APRIL	(Day) (Year) 24, 1955				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH NOVEMBER 5, 1934		9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 1 YEAR Days 5	12. IF UNDER 1 YEAR Hours 19	13. IF UNDER 1 YEAR Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) RICHMOND HEIGHTS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME RICHARD TENNANT	13b. MOTHER'S MAIDEN NAME DOROTHY SEPT.	14. NAME OF HUSBAND OR WIFE None
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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 RICHARD P. TENNANT, 1931 BAINBRIDGE	ADDRESS 1931 BAINBRIDGE
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) "Von Reckner Decker"		MEDICAL CERTIFICATION congenital degeneration of liver producing irreversible "icterus"	INTERVAL BETWEEN ONSET AND DEATH 3 weeks
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 2892	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 **1-2, 1955**, to **4-24, 1955**, that I last saw the deceased alive on **4-24, 1955**, and that death occurred at **2 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE John G. Danner	(Degree or title)	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 4-25-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-27-55	24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI
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DATE REC'D BY LOCAL REG. 4/26/55	REGISTRAR'S SIGNATURE Herbert R. Almyke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE STOCK MORTUARIES, 889 S. BRENTWOOD	ADDRESS
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38, (Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. 1st*

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.