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

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19981

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5288

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St Louis Mo
c. LENGTH OF STAY (in this place): 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: West Virginia
b. COUNTY
c. CITY OR TOWN: Wheeling
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2427 Warwood

8490

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) M c. (Last) DENIS

4. DATE OF DEATH: (Month) 6 (Day) 19 (Year) 55

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 9, 1895

9. AGE (In years last birthday): 59 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Patrolman

10b. KIND OF BUSINESS OR INDUSTRY: Ackerman Factory, Wheeling Steel Co.

11. BIRTHPLACE (City and State or Foreign Country): Cameron, West Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Harry Denis

13b. MOTHER'S MAIDEN NAME: Mary Fair

14. NAME OF HUSBAND OR WIFE: Una Denis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.1

16. SOCIAL SECURITY NO.: 235-24-7147

17. INFORMANT'S SIGNATURE OR NAME: Elmer Denis — **ADDRESS**: 136 Timbercrest Dr, Kirkwood, Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bronchus — INTERVAL BETWEEN ONSET AND DEATH: 5 months

Primary site of Origin - Larynx

ANTECEDENT CAUSES

Morbid 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

20. AUTOPSY? YES ☒ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 161X

22. *I hereby certify that I attended the deceased from* 5-26, 1955, *to* 6-19, 1955, *that I last saw the deceased alive on* 6-19, 1955, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Lee Dorsett MD

23b. ADDRESS: BARNES HOSPITAL

23c. DATE SIGNED: 6/19/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: June 19, 1955

24c. NAME OF CEMETERY OR CREMATORY: Wheeling Cemetery

24d. LOCATION (City, town, or county) (State): Wheeling, West Virginia

DATE REC'D BY LOCAL REG.: JUN 20 1955

REGISTRAR'S SIGNATURE: J. Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Alexander & Sons 6175 Delmar Blvd.

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos. E McCullok

Licensed Embalmer No. 24

P. O. Address 6 1 70 D

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.