

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23652

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5954**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Jefferson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **1 hr**  
c. CITY OR TOWN **Arnold** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Deaconess Hospital** STREET ADDRESS (If rural, give location) **Rt 1, Box 96** *0500*

3. NAME OF DECEASED (Type or Print) a. (First) **Ralph** b. (Middle) **A.** c. (Last) **DENNERT** 4. DATE OF DEATH (Month) (Day) (Year) **July 8, 1955**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **Feb. 5, 1900** 9. AGE (In years last birthday) **55** 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) **salesman** 10b. KIND OF BUSINESS OR INDUSTRY **Haddy Salt Co.** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William Dennert** 13b. MOTHER'S MAIDEN NAME **Mary Sievers** 14. NAME OF HUSBAND OR WIFE **Ruth 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. **492032406** 17. INFORMANT'S SIGNATURE OR NAME **Ruth Dennert, Arnold-Rt. 1** ADDRESS \_\_\_\_\_

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) **Arteriosclerosis, coronary arteries**  
ANTECEDENT CAUSES DUE TO (b) **Recent & old thrombus in coronary artery.**  
DUE TO (c) **old fibrous scar left heart and septum pulmonary congestion & edema**  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH **3 mo**  
**3 mo**

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **July 5, 1955**, to **July 8, 1955**, that I last saw the deceased alive on **July 5, 1955**, and that death occurred at **8 A** m., from the causes and on the date stated above.

23a. SIGNATURE **Louis H. Howe M.D.** (Degree or title) 23b. ADDRESS **8806 Harrison 17 mo** 23c. DATE SIGNED **7-11-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **7/11/55** 24c. NAME OF CEMETERY OR CREMATORY **New St. Marcus Cem** 24d. LOCATION (City, town, or county) (State) **Gravois Rd.**

DATE REC'D BY LOCAL REG. **JUL 11 1955** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Fendler Und. Co., 7420 Michigan**

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Willard Peterson*.....

Licensed Embalmer No. *36*

P. O. Address *7420 Mac*

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