

National Office of Vital Statistics
FILED JAN 9 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11996**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jewish Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town..... **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **522 Dougherty Ferry Road**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **28**
year **1947** hour **2:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept 12**, 19**47**, to **Dec 28**, 19**47**,
that I last saw him alive on **Dec 28**, 19**47**,
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary occlusion

Duration

2 hours

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... **as above.**

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?.....
(Specify type of place) (e) Means of injury.....
23. Signature **M. Norman Oyel** (M. D. or other) **M. D.**

Address **508 N. Grand** Date signed **12-29-47**

3. (a) PRINT FULL NAME **LESTER J. DENNIS.**
3. (b) If veteran, name war..... **no**
3. (c) Social Security No. **488-01-3315**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife..... **Dorothy Gertrude Dennis**
6. (c) Age of husband or wife if **34** years
7. Birth date of deceased **January 4 1902**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 11 24 hr. min.

9. Birthplace **Bayless, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **General Manager.**

11. Industry or business **Feld Chevrolet Co.**

12. Name **Jesse R. Dennis.**

13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy Triplett.**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dorothy G. Dennis.**

(b) Address **522 Dougherty Ferry Rd.**

17. (a) Entombment (b) Date thereof **12/31/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Mausoleum**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**

(b) Address **7233 Delmar Blvd.**

19. (a) **DEC 29 1947** (b) **J. F. Briedeck**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

