MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19548

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. 4944a Magnolia Ave. St. ..... Ward)

File No. ..... Registered No. 5243

2. FULL NAME Edward F. Pennybacher

(a) Residence. No. Cooper Hotel St., 21 Ward. (If nonresident give city or town and State)
(Usual place of abode) Jefferson + Olive

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 17th 1875

7. AGE: Years 52 | Months 2 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Jeweler.
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Unknown.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): Unknown.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Alice Pennybacher.
(Address) 4449 Olive St

15. FILED JUN -6 1927 Mar C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 3 1927

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1927, to June 3, 1927, that I last saw him alive on June 3, 1927, and that death occurred, on the date stated above, at 6 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Stenosis

131

92 A (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Nephritis Parenchymatous Chronic (duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129a

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Daniel F. Hochdorfer M.D.

6/6, 1927 (Address) 3109 S. Grand Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery

DATE OF BURIAL: 6-6- 1927

20. UNDERTAKER: C R Lupton.

ADDRESS: Olive Street #4449

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.