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.

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

Do not use this space.

19072

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5490

City St. Louis Mo. (No. 5610 Arsenal St. 24th Ward)

2. FULL NAME Angela Pena

(a) Residence. No. 2134 So 2nd St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 24 - 1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	6	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None 7 87 P

(b) General nature of industry, business, or establishment in which employed (or employer): 107 P

(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Teofilo Pena

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mexico

12. MAIDEN NAME OF MOTHER: Florence Martinez

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

14. INFORMANT: V. Clark (Address) Isolation Hospital

15. FILED MAY 20 1928 Mary C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/20 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/15, 1928, to 5/20, 1928 that I last saw her alive on 5/20, 1928, and that death occurred, on the date stated above, at 5.05 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Measles

Secondary Bronchopneumonia (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Otitis Media, Acute Purulent (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2134 S. 2nd St.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4/25/28

WAS THERE AN AUTOPSY? Yes (Paracentesis)

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [signature], M. D

, 19 (Address) ISOLATION HOSPITAL

*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: S S Peter & Paul Cem

DATE OF BURIAL: 5-21 1928

20. UNDERTAKER: Weick Bros

ADDRESS: 2201 So Grand

Edwards