

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

Do not use this space.

22509

**1. PLACE OF DEATH**

County..... Registration District No. 78  
Township..... Primary Registration District No. 2008  
City St Louis Mo (No. 4001, W Broadway)

File No.....  
Registered No. 6713  
St. .... Ward)

**2. FULL NAME**

(a) Residence No. .... St. 26 Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5<sup>th</sup> 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

None

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

10. NAME OF FATHER Vincent Penna

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

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mexico  
(STATE OR COUNTRY)

14. INFORMANT Antoine Penna  
(Address) 4001 W Bdg

15. FILED 27 1928 Max E Parker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., and that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... 6<sup>30</sup> a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

1077  
Acute Broncho  
Pneumonia  
Primary (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 1077 (duration) ..... yrs. .... mos. .... ds.

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

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) J.W. Ferner, M.D.  
6/27/28 (Address) Dep. Coroner

\*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 DATE OF BURIAL June 27<sup>th</sup> 1928

20. UNDERTAKER Math Hermann & Son 4103 ADDRESS Thompson

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.

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

