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.

6507

1. PLACE OF DEATH

County ..... Registration District No. 791 1008 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1558

City St Louis Mo (No. City Hospital 2 St. ..... Ward)

2. FULL NAME Charlesetta Penington

(a) Residence, No. 2309 Morgan St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col
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) 6-10-31

7. AGE — YEARS: — MONTHS: 7 — DAYS: 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nil
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo 1

FATHER
13. NAME [illegible]
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) [illegible] 31

MOTHER
15. MAIDEN NAME Lucille Penington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

17. INFORMANT (ADDRESS) A Gertrude Creathy City Hospital 4

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 2-18 1932

19. UNDERTAKER (ADDRESS) W. S. Wade Und Co 4202 Finney Ave.

20. FILED FEB 17 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1932, to 2-9, 1932

I last saw her alive on 2-9-29, 1932. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
108	
Labor Pneumonia	

Other contributory causes of importance: 108 (1)

Name of operation ..... Date of .....

What test confirmed diagnosis? Hist & Lab. Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C M Smith, M. D.

(Address) City Hospital 4 2