

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

Do not use this space.

21515

**1. PLACE OF DEATH**

County ..... Registration District No. *782*  
 Township ..... Primary Registration District No. *6082*  
 City St. Louis (No. *6759*) Nashville St. .... Ward) .....

**2. FULL NAME** Aaron Pennanen

(a) Residence, No. 6759 Nashville Ave. St. 4 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. A. Pennanen</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5/16/1864</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>68</u>	<u>1</u>	<u>12</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tailor, Retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) .....		11. Total time (years) spent in this occupation .....	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/28/32, 19.....  
 22. Dr. J. W. Kemmer Physician in attendance HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h. im alive on ..... 19..... Death is said to have occurred on the date stated above, at 6 P. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
 Other contributory causes of importance: None  
 Name of operation ..... Date of .....  
 (What test confirmed diagnosis? ..... Was there an autopsy? No)

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Finnland</u>
	13. NAME <u>Aaron Pennanen</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Finnland</u>
	15. MAIDEN NAME <u>Unknown</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	17. INFORMANT <u>Ross Pennanen</u> (ADDRESS) <u>220 S. Bellevue, Ave.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pickers Cemetery</u> DATE <u>6/30/32</u>
	19. UNDERTAKER <u>Robert J. Ambruster</u> (ADDRESS) <u>6432 Olive St.</u>
20. FILED <u>31 15 32</u> <u>W. C. Starker</u> Registrar.	

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 No Injury  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify (Signed) J. W. Kemmer M.D. (Address) Dep. Coroner

MARGIN RESERVED FOR BINDING  
 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.

