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.

NOV 25 1932

Coronell
Coroner

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

Do not use this space.

33386

1. PLACE OF DEATH
County St. Louis — Registration District No. 284 — File No.
Township St. Ferdinand — Primary Registration District No. 6030 — Registered No.
City Ferguson (No. 210 Suburban ave St. Ward)

96
9
4

2. FULL NAME Joseph Henry Penhall
(a) Residence, No. 210 Suburban St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred — yrs. 6 mos. — ds. How long in U. S., if of foreign birth? 50 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: Eliza Penhall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-6-1849
7. AGE: YEARS 83 — MONTHS 5 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month and year): 17 yrs
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Elizabeth Erbschloe, 210 Suburban Ferguson Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hopewell, Mo. DATE: Oct 12 1932
19. UNDERTAKER (ADDRESS): Baumann Bros. Overland, Mo.
20. FILED: 11/8 1932 E. J. Harris, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-9- 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis — Date of onset
93
97
Other contributory causes of importance: Arteriosclerosis
5
Name of operation: None — Date of
What test confirmed diagnosis: Was there an autopsy: No.
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? No.
If so, specify
(Signed) Jno. O'Connell, M. D.
(Address) Coroner of St. Louis County