

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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County .....

Registration District No. **791**

File No. **11053**

Township .....

Primary Registration District No. **1003**

Registered No. **2913**

City *St. Louis Mo.* (No. *44033 W. Belle* St. .... Ward)

2. FULL NAME *Laura Penrose*

(a) Residence, No. *44033 W. Belle* St. .... 11 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 *Female* 4. COLOR OR RACE *Color* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 1-1867*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>67</i>	<i>1867</i>	<i>1</i>	<i>21</i>	

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. ....

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) *Missouri*

13. NAME *Forest Nappier*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

15. MAIDEN NAME *Don't Know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't Know*

17. INFORMANT (ADDRESS) *Evel Penrose 44033 W. Belle*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Greenwood* DATE *March 24, 1934*

19. UNDERTAKER (ADDRESS) *Mrs. G. Scott 3015 Lantana Ave*

20. FILED *Apr 20 1934* *J. Predeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 21, 1934*

I HEREBY CERTIFY, That I attended deceased from *Dec 18, 1933* to *March 21, 1934*

I last saw him alive on *March 21, 1934*. Death is said to have occurred on the date stated above, at *7:25 a.m.*

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

*Chronic Endocarditis* Date of onset *5/1/33*

*131 92A*

Other contributory causes of importance:

*Chronic Nephritis* *6/2/33*

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

What test confirmed diagnosis? ..... 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 *D. Jones* (Signed) .....

(Address) *18530 Franklin* .....

