

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
Township
City *St. Louis* (No.)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **15100**
Registered No. **4313**
St. Ward)

2. FULL NAME

(a) Residence, No. *4259 Penrose* St. *10* Ward. (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 <i>Female</i>	4. COLOR OF RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>George A. Pennington</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 8th 1895</i>		
7. AGE YEARS <i>38</i>	MONTHS <i>8</i>	DAYS <i>20</i>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>At Home</i>		
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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>
	13. NAME <i>William W. Moore</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill</i>
	15. MAIDEN NAME <i>Mary A. Webster</i>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>New Jersey</i>
	17. INFORMANT <i>Miss Carrie Schroeder</i> (ADDRESS) <i>4259 Penrose</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Helene</i> DATE <i>May 1, 1934</i>	
19. UNDERTAKER <i>Math. Hermann & Son</i> (ADDRESS) <i>516 East Fort St.</i>	
20. FILED <i>20</i> 1934 <i>J. J. Brebeck</i> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 28, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *4-25* 1934 to *4-28* 1934
I last saw him alive on *4-28* 1934. Death is said to have occurred on the date stated above, at *4:57* p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Liver
Chronic Bright's
Acute Myocarditis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? *yes*

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 *Robert M. Elvain*, M. D.
(Signed) *Robert M. Elvain*
(Address) *4356 Narne*

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.

2-25

