

DEC 11 1939

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

40772

Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City St. Louis, Mo.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 791  
 Primary Registration District No. 1003

Registered No. 1046A

(d) Street No. St. Luke's Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

563 James Harold Penrod  
 (a) Residence, No. 5351 Delmar Blvd. St. 12  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) March 16, 1922

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
16 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. student  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) Nov 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missel Fork, Mo.

FATHER 13. NAME Francis Earl Penrod

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westville, Mo.

MOTHER 15. MAIDEN NAME Etta Mirilla Penrod

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright County, Mo.

17. INFORMANT (ADDRESS) Mrs. Wilmoth Waller  
5351 Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Missel Fork, Mo. DATE Dec. 6 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hauden n.w. Alexander & Sons  
6175 Delmar Blvd.

20. FILED J. F. Bredek Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3-1938 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-28, 1938, to 12-3, 1938  
 I last saw h. alive on 12-2, 1938 Death is said to have occurred on the date stated above, at 3 m.  
 The principal cause of death and related causes of importance were as follows:

Summ of Brain Date of onset

Sperry's Brain  
Sperry's Brain  
Sperry's Brain

Other contributory causes of importance: h/o

Name of operation Cranotomy Date of 12-3-38

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, 1938

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) D. M. Almy, M. D.

(Address) St. Louis, Mo.

9:30 a.m.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Jos. E. McCulloh*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed *Jos. E. McCulloh*

Licensed Embalmer No. *2260*

P. O. Address *6176 Delmar*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**