

RECORDED FEB 10 1939

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

9
 Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791
 (b) Township..... Primary Registration District No..... 1003 Registered No..... 9
 or
 (c) City..... (d) Street No. 1816A ELLIOT AVE St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN PENZEK

(a) Residence, No. 1816A ELLIOT AVE St. 20
 (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) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HELEN PENZEK		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 20, 1889		
7. AGE YEARS 49	MONTHS 7	DAYS 10
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. SMOKE INSPECTOR		
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) ST. LOUIS, MO.		
13. NAME JOHN PENZEK		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY		
15. MAIDEN NAME JULIA WISMEWSKI		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY		
17. INFORMANT HELEN PENZEK (ADDRESS) 1816A ELLIOT AVE		
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY DATE JAN. 2, 1939		
19. FUNERAL DIRECTOR (NAME) <i>Joseph and Harold</i> (ADDRESS) 1778 St. Louis ave.		
20. FILED JAN 1 1939 <i>J. B. Bridock</i> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec 27 38 to Dec 29 38
 I first saw him alive on Dec 29, 38. Death is said to have occurred on the date stated above, at 10 A.
 The principal cause of death and related causes of importance were as follows:

Portia Regurgitation. 12 27 38
acute Dehydration of heart. 12 27 38
 Date of onset
 Other contributory causes of importance:
apoplexy 1/27 1934

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.....
 (Signed) *B. F. Stengel*, M. D.
 (Address) 1872 Madison

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, or by.....

....., Registered Apprentice No.

.....
working under my personal supervision.

Signed

Charles J. Goodhart
.....
Licensed Embalmer No. *2777*

P. O. Address *N. Laue, Mo*

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.