

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 784 Primary Registration District No. 101 State File No. \_\_\_\_\_ Registrar's No. 1856

1. PLACE OF DEATH: St. Louis [RECD NOV 9 1939]  
 (a) County Clayton  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: St. Louis County Hospital  
 (d) Length of stay: In hospital or institution 1 month 7 days  
 In this community 5 yrs.

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County St. Louis  
 (c) City or town Elmwood park  
 (d) Street No. Meeks and Elmwood ave.  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Hortense Penny  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct. day 20  
 year 1939 hour 5 minute 55 A. M.  
 21. I hereby certify that I attended the deceased from 9-13-39  
 to 10-20-39

4. Sex female 5. Color or race col. 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec. 14 1921  
 (Month) (Day) (Year)

that I last saw her alive on 10-20-39  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Far advanced & Bilateral pulmonary tuberculosis possible tuberculous aetiology  
 Due to Tuberculosis

8. AGE: Years 17 Months 10 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Duration 4 mo  
 Due to 23

9. Birthplace St. Louis County Mo.  
 (City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

10. Usual occupation nil

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Emery Penny  
 13. Birthplace Jackson Mo.  
 14. Maiden name Mary Sparks  
 15. Birthplace Cape Girardeau Mo.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant's own signature Emery Penny  
 (b) Address Meeks and Elmwood Ave  
 17. (a) \_\_\_\_\_ (b) Date thereof 26/10/39  
 (Burial, exhumation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Washington Park

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director John Riley  
 (b) Address 3755 Jimmy Ave  
 19. (a) OCT 23 1939 (b) J. R. Meyer M.D.  
 (Date received local registrar) (Registrar's signature)

23. Signature James Paul (M. D. or other) \_\_\_\_\_  
 Address St. Louis Co. Hospital Date signed 10/25/39

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**