No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13280

MAY 5 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3482

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months & 6 days (Specify whether years, months or days)
In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 24
(c) City or town St Louis
(If outside city or town limits write "RURAL")
(d) Street No. 3837a Michigan
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Albert Pennock 520
3. (b) If veteran, name war No
3. (c) Social Security No. 492-07-2322
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucille
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased March 20, 1893 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	0	26	hr. min.

9. Birthplace Bourbon (City, town, or county) Mo (State or foreign country)
10. Usual occupation Pipe Fitter
11. Industry or business
FATHER 12. Name Albert Pennock
FATHER 13. Birthplace Bourbon (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Lucille Pennock
(b) Address 3837 A Michigan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 / 18 / 40 (Month) (Day) (Year)
(c) Place: burial or cremation Bourbon Mo.
18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa St
19. (a) APR 17 1940 (Date received local registrar) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1940 hour 4 55 minute A M.
21. I hereby certify that I attended the deceased from January 10, 1940, to April 16, 1940; that I last saw h. alive on April 16, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	
Rheumatic Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature O. M. Andersen (M. D. or other)
Address BARNES HOSPITAL Date signed 4-16-40

(Licensed Embalmer's Statement on Reverse Side)

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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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 3747 Dunnica

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

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