

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ED AUG 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23238
State File No. _____
Registrar's No. 5683

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Enroute City Hospital #1
(d) Length of stay: In hospital or institution 10 days
In this community 10 days

3. (a) PRINT FULL NAME James W. Penn
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 15, 1877

8. AGE: Years 62 Months 10 Days 17

9. Birthplace Hendrickson, Missouri

10. Usual occupation Farmer

11. Industry or business _____

12. Name Milton Penn
13. Birthplace Maryland

14. Maiden name Elizabeth Ivett
15. Birthplace Tennessee

16. (a) Informant Mary Penn
(b) Address 2911 S. 18th St

17. (a) Burial
(b) Date thereof 7/5/40
(c) Place: burial or cremation Floyd, Missouri

18. (a) Signature of funeral director A. V. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) JUL 3 1940
(b) J. F. Bredeck

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town Potosi
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years

20. DATE OF DEATH: Month July day 3
year 1940 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Inflammation of the heart
Coronary Atherosclerosis
Myocardial Infarction
Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 920
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____
(Specify type of place) _____
(e) Means of injury _____

23. Signature J. F. Bredeck
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Paul A. Keith

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

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, fact should be so stated above.