

JAN 15 1941 7917

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. 12 days
(Specify whether years, months or days)
In this community 20 years

3. (a) PRINT FULL NAME Warden Penn

8. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 28 1860
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>80</u>	<u>1</u>	<u>10</u>	hr. min

9. Birthplace Unknown Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Warden Penn

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John Sullivan

(b) Address 5800 Arsenal St.

17. (a) BURIAL (b) Date thereof 12/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation to bury

18. (a) Signature of funeral director SULLIVAN
(b) Address 2849 No. Euclid.

19. (a) Dec 9-40 (b) J. H. Brudeck
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 13
(If outside city or town limits write "RURAL")
(d) Street No. 5800 Arsenal
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1940 hour 7:40 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 26, 1940 to Dec. 8, 1940
that I last saw him alive on Dec. 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral accident +
Hypertension
Arteriosclerosis, generalized
malnutrition

Due to _____

Due to _____

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

Major findings: _____
Of operations _____
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? _____
(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) (e) Means of injury _____

23. Signature N.P. Bierman, M.D.
Address _____ Date signed _____

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

FATHER
MOTHER

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..... *Albert Mayfield*

Licensed Embalmer No. *3077*

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.