

Registration District No. **284** Primary Registration District No. **200**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Vinita Park**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8135 Washington Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days) **2**

3. (a) PRINT FULL NAME **MARGARET A. PENNEY.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Dont Know.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 25, 1858.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 **6** **6** _____ hr. _____ min.

9. Birthplace **Dont Know.**
(City, town, or county) (State or foreign country)

10. Usual occupation **None Invalid. Blind.** **9**

11. Industry or business **9**

MOTHER { 12. Name **Dont Know.** **9**

13. Birthplace **Dont know.**
(City, town, or county) (State or foreign country)

14. Maiden name **Dont Know**

15. Birthplace **Dont know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Eula Towle Gertsch.**

(b) Address **Elsah, Illinois.**

17. (a) **Cremation** (b) Date thereof **Jan. 2, 1941.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory.**

18. (a) Signature of funeral director **Geo. L. Pleitsch Inc.**

(b) Address **5966-68 Easton Ave.**

19. (a) **JAN 5 1941** (Date received from registrar)
[Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Vinita Park**
(If outside city or town limits, write "RURAL")
(d) Street No. **8135 Washington Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **31st.**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Dec 26** 19**40** to **Dec 26** 19**40**
that I last saw her alive on **Dec 26** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage**

Due to _____
Due to _____

Other conditions: **Chronic Myocarditis**
(Include pregnancy within 3 months of death)

PHYSICIAN
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?

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

23. Signature **[Signature]** (M. D. or other)
Address **[Address]** Date signed **12/31/40**

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

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Dr. J. Roy Compton.
6122a Page Ave.
Hours 3 to 4 P.M.
Telephone Cabanye 1010

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 3454

David C. Gibson

Registered Apprentice No.

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address. 5966 Easton, St. Louis

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.