No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32647

Registration District No. 1840 Primary Registration District No. 200 Registrar's No. 1844

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 8/28/41 (Specify whether

In this community Since 8/28/41 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 91

(c) City or town Webster Groves (If outside city or town limits, write "RURAL") 7

(d) Street No. 425 Alma (If rural, give location) 4

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Melvin PENCE

3. (b) If veteran, name war SPANISH-AMERICAN

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased May (Month) 2 (Day) 1876 (Year)

8. AGE: Years 65 Months 4 Days 2 If less than one day - hr. - min.

9. Birthplace Creston, Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business -

FATHER
12. Name Samuel Pence
13. Birthplace (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Fanny Penn
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, VAF.Jeff.Brks.,Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEP 6 1941 (Month) (Day) (Year)

(c) Place: burial or cremation DES PERES MO.

18. (a) Signature of funeral director C. Hoffmeister U. L. Co.

(b) Address 7614 S. Broadway St. Louis, Mo.

19. (a) SEP - 5 1941 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4th year 41 hour 4:50 minute A. M.

21. I hereby certify that I attended the deceased from August 28th, 1941 to September 4th, 1941 that I last saw him alive on September 4th, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis, pulmonary, far advanced, active.	Unknown
~~Due to~~	
~~Due to~~	
Other conditions - (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 L. M. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Richard G. Hoffmeister, Registered Apprentice No. 291, working under my personal supervision.

Signed Edwin H. Leibinger

Licensed Embalmer No. 4044

P. O. Address 6464 Chippewa

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.