

S. No. 2
M-5-42
7-5-17-39
PI X3872

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 15 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2094**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6yrs 6mos 15days**
(Specify whether)

In this community **29yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **5052 Cates Ave**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **HELEN PENTZ**

3. (b) If veteran, name war **-**

3. (c) Social Security No. **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2**
year **1943** hour **7:30** minute **P.M.**

4. Sex **female**

5. Color or race **white**

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

6. (b) Name of husband or wife **Leo Pentz**

6. (c) Age of husband or wife if alive **11** years (Day) (Year)

7. Birth date of deceased **January 11 1907**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **8-17-1936** to **March 2 1943**
that I last saw her alive on **March 2 1943**
and that death occurred on the date and hour stated above.

8. AGE: **36** ~~29~~ Years **1** Months **21** Days
If less than one day **hr. min.**

Immediate cause of death **Peritonitis** **2-27-43**
Duration

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

Due to **General Paralysis of the insane** **8-17-1936**

10. Usual occupation **Housewife**

Due to **30**

11. Industry or business

Other conditions (Include pregnancy within 3 months of death)

12. Name **William Fennessey**

Major findings: Of operations

13. Birthplace **Bonnet Mills Missouri**
(City, town, or county) (State or foreign country)

Of autopsy **No**

14. Maiden name **Ada Murray**

Underline the cause to which death should be charged statistically.

15. Birthplace **Bonnet Mills Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leo Pentz**

(b) Address **5055 Cates Ave.**

17. (a) **Calvary** (b) Date thereof **3/6/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**

(b) Address **4700 Washington Blvd.**

19. (a) **MAR 3 1943** (b) **J. J. Brebeck**
(Date received local registrar) (Registrar's signature)

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 **Walter L. Moore** (M. D. or other) **M.D.**

Address **5400 Ormoul St.** Date signed **3-3-43**

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

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 _____
working under my personal supervision.

Signed Albert G. Hoff

Licensed Embalmer No. 2971

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, fact should be so stated above.