

24082

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13200

FILED MAY 15 1944

Registration District No. 312

Primary Registration District No. 1003

Registrar's No. 4184

1. PLACE OF DEATH:

(a) County... St. Louis, Missouri
 (b) City or town... St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... 1 Mo-24 days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT
FULL NAME

Amanda Pennington

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

7. Birth date of deceased... Jan 23, 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 71 3 13 hr. min.

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

10. Usual occupation... Housework

11. Industry or business

12. Name... James Wood

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

14. Maiden name... Johnson

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

16. (a) Informant... Pauline Meyer

(b) Address... 4133 Junata St.

17. (a) Burial, cremation, or removal... Burial
 (b) Date thereof... May 4, 1944
 (City or town) (Day) (Year)

(c) Place: burial or cremation... Lake Park

18. (a) Signature of funeral director... J. H. Wood

(b) Address... 4133 Junata St.

19. (a) MAY 5 1944 (b) J. H. Wood
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. County... St. Louis
 (c) City or town... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No... 4133 Junata
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... May day... 4th
 year... 1944 hour... 2: minute... 30 P.M.

21. I hereby certify that I attended the deceased from... March 10th
 1944 to... May 4th 1944
 that I last saw her alive on... May 4th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death... Bronchopneumonia
 Duration... 2 days

Due to...
 Due to...

Other conditions... Cerebrovascular accident
 (Include pregnancy within 6 months of death)
 Pyelonephritis

Major findings:
 Of operations... non-calculous

Of autopsy... not performed

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 the place)
 (a) Means of injury...

23. Signature... J. H. Wood
 Address... 1515 Lafayette
 Date signed... 5/5/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *E. Clement M. Peary*

Licensed Embalmer No. *3782*

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.