V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4690

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 1870

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Frisco Round House Fyler Ave & Frisco Tracks
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution D.O.A. At [redacted] (Specify whether
In this community City Hospital
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Maplewood 96 NR
(If outside city or town limits, write "RURAL")

(d) Street No. 2034 Hiawatha Ave. 5
(If rural, give location)

(e) Citizen of foreign country? No. 3 (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Alonzo C. Penn

3. (b) If veteran, name war None

3. (c) Social Security No. 702-07-3445

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bess

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Aug. 21, 1887 (Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 3 If less than one day ___ hr. ___ min.

9. Birthplace Piedmont (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Gen Car Foreman

11. Industry or business

FATHER
12. Name Lincoln E. Penn
13. Birthplace (City, town, or county) Maryland (State or foreign country)

MOTHER
14. Maiden name Luella Laxton
15. Birthplace (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Bess Penn
(b) Address 2034 Hiawatha Ave. Maplewood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) FEB 26 1945 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1945 hour 5 minute 05 M.

21. I hereby certify that I attended the deceased from ___, 19__, to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis

Due to

Due to 92

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Patrick E. Taylor Dep Cors (M. D. or other)
Address 1300 Clark Date signed 2-26-45

(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: 3454

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

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 1456 Manchester

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.