S. No. 2
M—5-42
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I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11650

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3538

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:
1403A Belt 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 006

(c) City or town St. Louis 176
(If outside city or town limits, write "RURAL")

(d) Street No. 1403A Belt Ave.,
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Eva A. Penn.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James A. Penn.

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 16, 1875.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	11	3	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Goodfellow
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Ayers
15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Penn.
(b) Address 1403A Belt Ave.,

17. (a) Burial (b) Date thereof April 23/45.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) APR 21 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1945 hour 12.45 minute P.M. M.

21. I hereby certify that I attended the deceased from April 9 45 to April 19 45;
that I last saw her alive on April 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation — Duration 10 day

Due to Chronic Myocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 0

Signature E. G. Erbaum (M. D. or other)

Address 1537 Grand Blvd. Date signed 4/20 45

(Licensed Embalmer's Statement on Reverse Side)

Dr. E.T Urban
1537 So. Grand Blvd.,
GR. 1867. /- 30/11

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 Guy. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis, Mo.

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.