S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15475

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4541

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
2327 ½ A. Cole Street 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town Saint Louis 1121
(If outside city or town limits, write "RURAL")

(d) Street No. 2327 ½ A. Cole Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry Penny

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male 9

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 9

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 19 (Day) 1862 (Year)

8. AGE: Years 83 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Cape Girardeau, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name George Penny
13. Birthplace Cape Girardeau, (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Marih Davis
15. Birthplace Cape Girardeau, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Clara Emery
(b) Address Roberison, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park.

18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole Street

19. (a) MAY 22 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May - day 19th
year 1945 hour 3-30 minute A M.

21. I hereby certify that I attended the deceased from Oct 26th, 1944, to May 19, 1945
that I last saw him alive on 5/19/45, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to Rheumatism

Due to

Other conditions (Include pregnancy within 3 months of death) Nephritis from Chr Nephritis

Major findings:
Of operations

Of autopsy

Duration: 6 Mo; 4 Mo

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 D. Jones (M. D. or other)
Address 2330 Park Ave Date signed 5/21/45

(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 .....

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

working under my personal supervision.

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.