S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22088

FILED JUN 20 1946

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 5084

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:
City Infirmary Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Mayr 30, 1946. (Specify whether
In this community to June 4, 1946.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. ~~5800 Arsenal Streets~~ 28 17 9
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME GEORGE PENN

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male 2 5. Color or race Col 6. (a) Single, widowed, married, divorced ? 9

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

7. Birth date of deceased February 2, 1895
(Month) (Day) (Year)

8. AGE: Years 51 Months ~~3~~ 4 Days ~~25~~ 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation ?

11. Industry or business .....

FATHER
12. Name Abraham Penn
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Washington
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant The City Infirmary Records
(b) Address 5800 Arsenal Streets

17. (a) Removal (b) Date thereof 6-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood, Miss.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ae.

19. (a) JUN 6 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4, year 1946 hour 7 minute 30A M.

21. I hereby certify that I attended the deceased from May 30, 1946 to 6-4-1946, 19..; that I last saw him alive on June 4, 1946. and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Neurosyphilis

Due to .....

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 J. M. Shier M.D. (M. D. or other)
Address 5800 Arsenal St. Date signed 6/5/46

(Licensed Embalmer's Statement on Reverse Side)

Shier

SEP 20 1946

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

Thomas J. Gates, Registered Apprentice No.,

working under my personal supervision.

Signed Thos. J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.