

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

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906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED NOV 19 1948**

MISSOURI DEPARTMENT OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **38520**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9772**

**1. PLACE OF DEATH:**

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6117 Horton Place 1  
 (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) Life

3: (a) PRINT FULL NAME Jaytee Penny

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 8 1925  
 (Month) (Day) (Year)

8. AGE: Years 23 Months 7 Days 1 If less than one day  
 hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name HARVEY F. PENNY

13. Birthplace JACKSON MISSOURI  
 (City, town, or county) (State or foreign country)

14. Maiden name ETNA T. MITCHELL

15. Birthplace JACKSON MISSOURI  
 (City, town, or county) (State or foreign country)

16. (a) Informant HARVEY F. PENNY

(b) Address 6117 HORTON PLACE

17. (a) BURIAL (b) Date thereof 11-15-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Lucas Sneed

(b) Address 3615-17 EASTON AVENUE

19. (a) NOV 10 1948 (Date received local registrar) J. B. Lasater (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6117 Horton Place  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 9<sup>TH</sup>  
 year 1948 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 7, 1948, to Nov 8, 1948;  
 that I last saw him alive on Nov 8, 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis, etiology unknown  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature Robert M. Smith (M. D. or other) M.D.  
 Address 114 N. Taylor Date signed 11/10/48

Duration  
at least 2 mos.

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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**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 Leroy H. Bonnieste

Licensed Embalmer No. 452-3

P. O. Address 3880 Easton 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.**