

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3268**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3066** Registrar's No. **195**

4009

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>	
c. LENGTH OF STAY (In this place) <b>MONTHS</b>		d. STREET ADDRESS (If rural, give location) <b>RR 13, Box 1458</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>R.R. 13, Box 1458</b>			
3. NAME OF DECEASED a. (First) <b>Alvin</b>		b. (Middle) <b>H.</b>	
c. (Last) <b>Penzler</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 22, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 20, 1897</b>
9. AGE (In years last birthday) <b>52</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Jeweler</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Edward Penzler</b>	
13b. MOTHER'S MAIDEN NAME <b>Josie Kost</b>		14. NAME OF HUSBAND OR WIFE <b>May Penzler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>May Penzler, RR 13, Box 1458, Kirkwood, Mo.</b>			
17. ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>diabetes</b>		INTERVAL BETWEEN ONSET AND DEATH <b>sev. yrs.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>260X</b>	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DATE OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:15P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Herbert R. Dombke</b> Registrar-Vital Statistics		23b. ADDRESS <b>St. Louis County Health Dept.</b>	
23c. DATE SIGNED <b>1/24/50</b>		23d. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	
23e. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		23f. NAME OF CEMETERY OR CREMATORY <b>St. Louis County, Mo.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 25, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL <b>JAN 23 1950</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dombke</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>HOFFMEISTER COLONIAL MORTUARY</b>		ADDRESS <b>646 Chippewa St.</b>	

FEB 18 1950  
MAY 8 1950

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

**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.