

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10595**
3020
Registrar's No.

BIRTH NO. 18822-51 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 12 hrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2069
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital			4. STREET ADDRESS (If rural, give location) 2415 N. Kingshighway Blvd.		

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) c. (Last) Penno			4. DATE OF DEATH (Month) (Day) (Year) March 31 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Mar. 30 1951		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min. 12 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Walter Penno		13b. MOTHER'S MAIDEN NAME Edna Heitman		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Nil	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Penno 2614 N 11th St			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature (6 months) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 776X		
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22. I hereby certify that I attended the deceased from 3-30, 1951, to 3-31, 1951, that I last saw the deceased alive on 3-31, 1951, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A F Lerner		23b. ADDRESS 1257 N Kingshighway		23c. DATE SIGNED 3-31-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/2/1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) Normandy, Missouri	
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DATE REC'D BY LOCAL REG. APR 1 1951	REGISTRAR'S SIGNATURE J B Pasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wingmarrell 4112 St Louis Ave		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 NO Embalm _____

Licensed Embalmer No. _____

P. O. Address _____

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.