

S. No. 300
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33309

State File No.

15 OCT 1 1952

318

1003

Registrar's No. 8783

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) 5 Wks.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2109
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			d. STREET ADDRESS (If rural, give location) 10 3822 Penrose		
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) c. (Last) Penzler			4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1952		
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 10, 1892	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor	10b. KIND OF BUSINESS OR INDUSTRY Int. Shoe.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. U		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Peter Penzler		13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE Doritt Penzler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War I		16. SOCIAL SECURITY NO. 488-07-7893	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Doritt Penzler 3822 Penrose		
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) CARCINOMA of Desc. Colon 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 30 Mo.
19a. DATE OF OPERATION 8/25/52	19b. MAJOR FINDINGS OF OPERATION Abdominal Carcinomatosis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 153X			
22. I hereby certify that I attended the deceased from <u>MARCH 6, 1950</u> , to <u>SEPT 18, 1952</u> , that I last saw the deceased alive on <u>Sept 18, 1952</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Doritt Penzler</i> (Degree or title)			23b. ADDRESS 63471 Grand		23c. DATE SIGNED 9/19/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 22, 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State). St. Louis, Mo.		
DATE REC'D BY LOCAL REG. SEP 19 1952	REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz-Koeller 5967W. Florissant		

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

Walter G. Brackley

Licensed Embalmer No. *4551*

P. O. Address *St. Louis Mo*

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.