

FILED FEB 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7836**
Registrar's No. **1572**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1572	
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) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2011 Hebert St				d. STREET ADDRESS (If rural, give location) 26 2011 Hebert St			
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle) C.		c. (Last) Penningroth		4. DATE OF DEATH (Month) (Day) (Year) February 9 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 10 1878	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Theodore Pahde		13b. MOTHER'S MAIDEN NAME Anna Miller		14. NAME OF HUSBAND OR WIFE Late Henry G. Penningroth			
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. _____		17. INFORMANT'S SIGNATURE OR NAME Gustav E. Penningroth ADDRESS 2011 Hebert St			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Arteriosclerosis general 2. OTHER SIGNIFICANT CONDITIONS Fracture left Humerus				INTERVAL BETWEEN ONSET AND DEATH 10 min 10 yrs 6 wks	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION none ooo		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis 4200 F			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 25 1952 2P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell on Back Porch.			
22. I hereby certify that I attended the deceased from March 1848 , to Feb 9, 1953 , that I last saw the deceased alive on Feb 2, 1953 , and that death occurred at 8 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) M. D. Ferguson M.D.				23b. ADDRESS Ferguson Md		23c. DATE SIGNED 2-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE February 12 1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co Mo	
DATE REC'D BY LOCAL REG. FEB 10 1953		REGISTRAR'S SIGNATURE Calvin F Fultz		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F Fultz ADDRESS 4828 Nat Bridge Blvd			

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 Ralph C. Linders

Licensed Embalmer No. 4275

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.