

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36543**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **2330**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. CITY OR TOWN Creve Coeur <i>4009</i>	
c. LENGTH OF STAY (In this place) 1 day		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		e. STREET ADDRESS (If rural, give location) 37 Tealwood Drive	
3. NAME OF DECEASED a. (First) AMELIA		b. (Middle) L.	
c. (Last) PENNING		4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 15, 1881
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 5 Days 16	
IF UNDER 4 HRS. Hours Min. 		11. BIRTHPLACE (City and State or Foreign Country) Kirkwood, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Albert Heege	
13b. MOTHER'S MAIDEN NAME Louise LePere		14. NAME OF HUSBAND OR WIFE Richard M. Penning	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Richard M. Penning, 37 Tealwood, Creve Coeur ADDRESS 37 Tealwood, Creve Coeur			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of ascending aorta		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerotic Heart Disease 10 yrs?	
DUE TO (c) Arteriosclerosis generalized 10 yrs?		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aneurysm of Abdominal aorta Unknown	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		451X	
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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Sept 27, 1954 to Oct. 1, 1956 , that I last saw the deceased alive on Oct 1, 1956 , and that death occurred at 4:15 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Robert S. Dwyer (Degree or title) M.D.O.		23b. ADDRESS Creve Coeur, Mo.	
23c. DATE SIGNED Oct 2, 1956		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10/3/56		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) St. Louis County, Mo. (State) _____		DATE REC'D BY LOCAL REG. 10-3-56	
REGISTRAR'S SIGNATURE Hecheck R. Lamb		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Popp, Inc. ADDRESS Kirkwood Mo.	

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.....
Signature of Student Embalmer

Signed *Francis J. Wyland Jr.*.....

Licensed Embalmer No. *4514*.....

P. O. Address *Markwood*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.