

FILED MAR 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH10861
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1915

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Richmond Heights	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bernard Nursing Home		d. STREET ADDRESS 1439 Rankin Drive	
Length of stay in 1b 2 weeks		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last FLOYD H PENNEY			4. DATE OF DEATH February 24th, 1957 Month Day Year		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 27th, 1881	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Mins. 11 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary - Johnston Tin Foil Company		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Chicago, Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Penney			14. MOTHER'S MAIDEN NAME Mary Francis Fishbeck		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 489/01/3403	17. INFORMANT Address Mrs. Alice B. Penney 1439 Rankin Drive		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral arterio sclerosis				INTERVAL BETWEEN ONSET AND DEATH 2 wks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General arterio sclerosis				2 yrs	
DUE TO (c) Age 334+					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Acute pancreatitis 2 wks. Parkinson's disease 2 yrs				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan. 1/57 to Feb 24/57 and last saw her alive on Feb 24/57 Death occurred at 1:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ernest Case		(Degree or title) M.D.		22b. ADDRESS 1117 N Grand	
22c. DATE SIGNED 2/25/57					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2 / 26 / 57		23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
		23d. LOCATION (City, town, or county) St. Louis, Missouri			
24. FUNERAL DIRECTOR C. R. Luption & Sons			ADDRESS 7233 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. FEB 25 '57
			26. REGISTRAR'S SIGNATURE Carl Smith M.D.		

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
-56

Securing the medical certification in the specific manner required by 193.040, RSMo, 1947.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1117 North Grand
Jefferson 3-7141
Hours 2:00 To 6:00 P.M.

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 Arnold W. Schoene

Licensed Embalmer No. 386

P. O. Address St. Louis,

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.