

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027781

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1827

FILED JUL 24 1958

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, give TOWNSHIP only)  
OR TOWN Rock Hill Inside Limits Yes  No

c. CITY OR TOWN St. Louis Inside Limits Yes  No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Rock Hill Rest Home Length of stay in 1b 1 month

d. STREET ADDRESS (If outside, give location) 5955 Columbia Avenue Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
BESSIE FREDERICKA PENN

4. DATE OF DEATH Month Day Year  
July 8, 1958

5. SEX female 6. COLOR OR RACE white 7. MARRIED  NEVER MARRIED  WIDOWED  2 DIVORCED  8. DATE OF BIRTH Jan. 21, 1875 9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 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 at home 11. BIRTHPLACE (City and state or country) Cincinnati, Ohio 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fredrick Branditz 13b. MOTHER'S MAIDEN NAME Barbara Hoerr 14. NAME OF HUSBAND OR WIFE Harry Otto Penn

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. UNK. 17. INFORMANT Address Bessie Utterback, 5955 Columbia Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Arteriosclerosis . Cerebral hemorrhage. INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 331X  
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral hemorrhage in May, 1958.

19. WAS AUTOPSY PERFORMED? YES  NO  2

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. -----

20d. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK  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 did not attend deceased. Authorized to sign certificate by Coroner's office. Death occurred at 6:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. A. Beiderwieden, M.D. 22b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Mo. 22c. DATE SIGNED 7-8-58

23a. BURIAL, CREMATION REMOVAL (Specify) burial 23b. DATE July 10, 1958 23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave 25. DATE RECD. BY LOCAL REG. 7-10-58 26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. H. A. Goodrich,  
19 E. Lockwood

2-4 PM sure 7/8/58

embalmed and preserved . . .

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 *Harner N. Fritz* . . . . .

Authorized to sign certificate of Embalmer No. *3882*

P. O. Address *St. Louis*

82-5-7

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.