

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015529  
STATE FILE NUMBER

FILED MAY 15 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. **4074**

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Clayton 5 4470</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>			Length of stay in lb <b>7 months</b>		d. STREET ADDRESS (If outside, give location) <b>6390 Forsyth Blvd.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOCELYN MICHAEL PENNINGTON</b>				4. DATE OF DEATH Month Day Year <b>APRIL 24, 1959</b>					
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 27, 1925</b>		9. AGE (In years of birthday) <b>33</b>		10. IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher St John's College</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Johannesburg/Greytown Natal, So.</b>		11. BIRTHPLACE (City and state or country) <b>Africa</b>		12. CITIZEN OF WHAT COUNTRY? <b>South Africa</b>	
13a. FATHER'S NAME <b>Kenneth M. Pennington</b>			13b. MOTHER'S MAIDEN NAME <b>Ruth Frampton</b>		14. NAME OF HUSBAND OR WIFE <b>Jean M. Pennington</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT <b>Jean M. Pennington</b>		Address <b>6390 Forsyth Bl (5)</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>INTRACRANIAL BLEEDING</b>							INTERVAL BETWEEN ONSET AND DEATH <b>24 HOURS</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>THROMBOCYTOPENIA</b>							<b>1 YEAR</b>		
DUE TO (c) <b>APLASTIC ANEMIA</b>							<b>1 YEAR</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>OCTOBER 14, 1958</b> to <b>APRIL 24, 1959</b> and last saw her/him alive on <b>APRIL 24, 1959</b> Death occurred at <b>10:20 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>C. C. Vermillion, M.D.</i> (Degree or title) M. D.				22b. ADDRESS <b>BARNES HOSPITAL</b>			22c. DATE SIGNED <b>4/25/59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4/25/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>				
24. FUNERAL DIRECTOR <b>Alexander &amp; Sons 6175 Delmar</b>				25. DATE RECD. BY LOCAL REG. <b>APR 27 '59</b>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>			

Missouri St. Louis

Clayton

6390 Forsyth Blvd.

7 months

Nov. 27, 1922  
Africa

Teacher St John's College Lehighsburg/Graytown, Pa. South Africa

Kenneth M. Pennington Ruth Pennington Jean M. Pennington

Jean M. Pennington 6390 Forsyth Blvd. (S) No

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.

*No Embalming  
Alexandra F. Smead, per James H. ...*

Student .....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. ....

P. O. Address .....

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.

Alexander & Sons