

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027215

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6383 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH July 25 1961  
 a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY OR TOWN St. Louis, Inside Limits Yes  No

c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony. Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) 2309 Lynch St. Residence on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Catherine Penner. July 7 1961

5. SEX Female. 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9-15-10 9. AGE (last birthday) 50 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady 10b. KIND OF BUSINESS OR INDUSTRY Petrillo Pastry. 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Lewis Unk. 13b. MOTHER'S MAIDEN NAME Unk. 14. NAME OF HUSBAND OR WIFE Otto J. Penner.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Otto J. Penner 2309 Lynch St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Carcinomatosis, generalized  
due to carcinoma of colon (left)  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) due to carcinoma colon trans.  
 DUE TO (c) Old 153.2  
 INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) U  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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

20d. INJURY OCCURRED WHILE AT WORK  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 attended the deceased from Jan July 7, 1961 to July 7, 1961 and last saw her/him alive on July 7 1961  
 Death occurred at July 7 1961 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Louis T. Litow (Degree or title): M.D. 22b. ADDRESS 634 N. Grand DATE SIGNED July 10 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 7-11-1961 23c. NAME OF CEMETERY OR CREMATORY St. Matthews. 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Southern Funeral Home. ADDRESS 6322 S. Grand Blvd. 25. DATE RECD. BY LOCAL REG. JUL 10 1961 26. REGISTRAR'S SIGNATURE Loel Smith. M.D.

Dr. Litzow.  
Mo. Theatre. Bldg.

Je 5-1879

**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 David Van Fossan

Licensed Embalmer No. 4342

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