MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
43586

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 12907

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 5600 Arsenal St. 24th Ward)

2. FULL NAME Myrtle Penny

(a) Residence. No. 617 No. Leonard St., 21 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Colored	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
Sworn Statement ab 4.43	~~XX~~	?	?	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER ?
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER ?
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ? (STATE OR COUNTRY)

14. INFORMANT Miss M. Headrick
(Address) Isolation Hospital

15. FILED 31 1928 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/28 1928

17. I HEREBY CERTIFY, That I attended deceased from 12/26, 1928, to 12/28, 1928 that I last saw her alive on 12/28, 1928, and that death occurred, on the date stated above, at 1.40 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Simple Meningitis (Pneumococcic)
NA (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) NA (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 617 N. Leonard
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Cultural
(Signed) Curtis A. Lohr M.D
12/28, 1928 (Address) 5600 Arsenal St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood
DATE OF BURIAL 12/31 1928
20. UNDERTAKER A. Russell Und. Co. Pine St.
ADDRESS 2732

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] 1895

Curtis W. Lohr,