

FEB 11 1936

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

Do not use this space.

791

3824

1. PLACE OF DEATH

County..... Registration District No. 1008
Township..... Primary Registration District No. 1008
City St. Louis (No. Barnes Hospital)
St. Ward)

File No.
Registered No. 1099

2. FULL NAME

James Pennington
(a) Residence, No. 2411 Walnut St. St. Louis, Mo. Ward. 18
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21st 1913

7. AGE YEARS 22 MONTHS 6 DAYS 0 If LESS than 1 day, hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY)

FATHER 13. NAME Thomas Pennington

14. BIRTHPLACE (CITY OR TOWN) Texas (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Edua Huggins

16. BIRTHPLACE (CITY OR TOWN) Ark (STATE OR COUNTRY)

17. INFORMANT Mrs. Edna Pennington (ADDRESS) 2411 Walnut St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 1/30th 1936

19. UNDERTAKER (ADDRESS) 512 Harrison St.

20. FILED IN 30165 REGISTRAR J. F. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24th 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-6 1935 to 1-24 1936

I last saw him alive on 1-24 1936 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

Brain tumor - astrocytoma, right parietal lobe (non-malignant)
Other contributory causes of importance: Pneumonias (broncho)

Name of operation Craniotomy Date of 1/7/36

What test confirmed diagnosis? af Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) E. M. Bricker M. D. (Address) Barnes Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

