

REC'D JUL 12 1938

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

 20299
 Do not use this space.

1. PLACE OF DEATH

 (a) County 1 Registration District No. 791
 (b) Township Primary Registration District No. 1008
 (c) City (d) Street No. 3824 Belman St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 5438

2. PRINT FULL NAME

 Otto Penner 560
 (a) Residence, No. 3824 Belman St. 19
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha J Penner		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 22 - 1877		
7. AGE 61	YEARS 1	MONTHS 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired 8 yrs		11. Total time (years) spent in this occupation 35 yrs
9. Industry or business in which work was done, as saw mill, bank, etc. Sutcliffe		
10. Date deceased last worked at this occupation (month and year) 1930		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 1		
FATHER	13. NAME George Penner 9	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
17. INFORMANT Martha Penner (ADDRESS) 3824 Belman		
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 6-18-38 19		
19. FUNERAL DIRECTOR (NAME) Southern (ADDRESS) 6322 Grand		
20. FILED JUN 16 1938 J. B. Rudick Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1938

 22. I HEREBY CERTIFY, That I attended deceased from about Feb 1938, to June 15, 1938
 I last saw him alive on June 14, 1938. Death is said to have occurred on the date stated above, at 6 A. m.

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

Chronic myocarditis Date of onset

Other contributory causes of importance: serious coronary arter.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) C. F. Prescott, M. D.

(Address) 3529 Franklin St. St. Louis

As Perobeth 3529 Frank

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, _____

Frank Ludwig

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Frank Ludwig

Licensed Embalmer No. _____

3504

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 this body is not embalmed, above space should be left blank.