

REC'D SEP 12 1938

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

27386
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City St. Louis, Mo. (d) Street No. 2011a Hebert Street. Registered No. **7400**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Margaret Elaine Penningroth.

(a) Residence, No. 2011a Hebert Street. St. **20** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) May 21st, 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 2 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School girl
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) St. Louis, Mo.13. NAME Louis C. Penningroth14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County15. MAIDEN NAME Christine Kastrop16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.17. INFORMANT Mr. Louis C. Penningroth
(ADDRESS) 4119 Natural Bridge Ave.,18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cem. DATE Aug. 22nd, 3819. FUNERAL DIRECTOR (NAME) Leidner Und. Co.
(ADDRESS) 1417 N. Market Street.20. FILED J. J. Bredek
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1938

22. I HEREBY CERTIFY That I attended deceased from August 1st 1938, to August 17 1938
I last saw her alive on August 17 1938. Death is said to have occurred on the date stated above, at 2:30 p. m.
The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
Hypostatic pneumonia
(Bronchitis)
Other contributory causes of importance:
Rheumatic Heart Disease
Secondary Anemia
Chronic Nephritis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? X23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X 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 X
Nature of injury24. Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) R. M. Mother M. D.
(Address) 3720 Washington

Licensed

3700 Washington

Munich

380

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

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

Signed *John P. Buckholz*

Licensed Embalmer No. *16740*

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.