

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

31043

Do not use this space.

**791**

**1003**

**8480**

**1. PLACE OF DEATH**

(a) County ..... / Registration District No. ....

(b) Township ..... / Primary Registration District No. ....

(c) City, St. Louis, ..... (d) Street No. Deaconess Hospital ..... 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Hettie Rose Pennoyer 560

(a) Residence, No. 2050 Blendon Place. St. 4 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
<b>3. SEX</b>	<b>4. COLOR OR RACE</b>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> <small>(write the word)</small>		
Female	White	Married		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED</b> <small>HUSBAND OF (OR) WIFE OF</small> <u>Rex Pennoyer</u>				
<b>6. DATE OF BIRTH</b> (MONTH, DAY, AND YEAR) <u>April 21, 1883</u>				
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day,</b> ..... hrs. or ..... min.
	55	5	5	
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.</b> <u>At Home</u>			
	<b>9. Industry or business in which work was done, as saw mill, bank, etc.</b>			
	<b>10. Date deceased last worked at this occupation</b> (month and year) .....		<b>11. Total time (years) spent in this occupation</b> .....	
<b>FATHER</b>	<b>12. BIRTHPLACE</b> (CITY OR TOWN) <u>Louisiana,</u> (STATE OR COUNTRY) <u>Missouri.</u>			
	<b>13. NAME</b> <u>Edwin H. Rose</u>			
<b>MOTHER</b>	<b>14. BIRTHPLACE</b> (CITY OR TOWN) <u>Louisiana,</u> (STATE OR COUNTRY) <u>Missouri.</u>			
	<b>15. MAIDEN NAME</b> <u>Nancy E. Walter</u>			
<b>16. BIRTHPLACE</b> (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)				
<b>17. INFORMANT</b> <u>Stella Rose Martin</u> (ADDRESS) <u>2050 Blendon Place</u>				
<b>18. BURIAL, CREMATION, OR REMOVAL</b> PLACE <u>Oak Grove Cemetery</u> DATE <u>9-28</u> , 19 <u>38</u>				
<b>19. FUNERAL DIRECTOR</b> <u>Robert J. Ambstruster</u> (ADDRESS) <u>Clayton Road at Concordia Lane</u>				
<b>20. FILE</b> <u>SEP 28 1938</u> <u>J. Bredeck</u> <small>Local Registrar.</small>				

MEDICAL CERTIFICATE OF DEATH	
<b>21. DATE OF DEATH</b> (MONTH, DAY, AND YEAR) <u>September 26,</u> 19 <u>38</u>	<b>22. I HEREBY CERTIFY</b> , That I attended deceased from <u>Aug 6</u> , 19 <u>36</u> to <u>September 26,</u> 19 <u>38</u>
I last saw <u>her</u> alive on <u>September 26,</u> 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>7:45 Pm.</u> The principal cause of death and related causes of importance were as follows: <u>Coronary Occlusion</u> <span style="float: right; border: 1px solid black; padding: 2px;">Date of onset <u>9-20-38</u></span>	
Other contributory causes of importance: <u>Arterio Sclerosis with Hypertension</u> <span style="float: right;"><u>1936</u></span>	
Name of operation <u>Autopsy</u> Date of <u>    </u>	
What test confirmed diagnosis? <u>No. Castagnan</u> Was there an autopsy? <u>No.</u>	
<b>23. If death was due to external causes</b> (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19..... Where did injury occur? ..... <small>(Specify city or town, county, and State)</small> Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury ..... Nature of injury .....	
<b>24. Was disease or injury in any way related to occupation of deceased?</b> <u>NA</u> If so, specify ..... (Signed) <u>A. R. Shreffler</u> M. D. (Address) <u>Missouri Theatre Building.</u> <span style="float: right;"><u>St. Louis.</u></span>	

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.

**STATEMENT BY LICENSED EMBALMER**

I, Edward H. Bockhorst, Licensed Embalmer No. 2502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Edward H. Bockhorst

Licensed Embalmer No. 2502

**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.)**