

NOV 16 1938

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

34421  
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** (d) Street No. **Peoples Hospital** Registered No. **9410**  
 (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 **Emanuel Penny**

(a) Residence, No. **4606 Labadie Ave.** St. **6**  
 (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 **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 5, 1872**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**66 3 22**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**  
 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) **Oakridge**  
 (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Thomas Penny**  
 14. BIRTHPLACE (CITY OR TOWN) **N. Carolina**  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Sarah Ann Beal**  
 16. BIRTHPLACE (CITY OR TOWN) **Missouri**  
 (STATE OR COUNTRY)

17. INFORMANT **Vina Penny**  
 (ADDRESS) **4606 Labadie Ave.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Washington Park** DATE **Oct. 31, 1938**

19. FUNERAL DIRECTOR (NAME) **Fussell Undt. Co.**  
 (ADDRESS) **2732 Pine Street**

20. FILED **OCT 30 1938** **J. Bredeck**  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-27-1938**

22. I HEREBY CERTIFY, That I attended deceased from **12-29-1928** to **10-27-1938**  
 I last saw him alive on **10-27-1938**, 1938 Death is said to have occurred on the date stated above, at **4:30** m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset  
**Chronic Degenerative myocarditis.**  
**Chronic Interstitial Nephritis**

Other contributory causes of importance:  
**Chronic Interstitial Nephritis**  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

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) **R. H. Jones**, M. D.  
 (Address) **872 A. N. Jefferson**

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

**Joel Russell**

or by

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

Signed

*Joel Russell*

Licensed Embalmer No.

*2115*

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.**