

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) 500

3. (a) PRINT FULL NAME Dorothy Amanda Penny

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Samuel 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Oct. 26 1917  
(Month) (Day) (Year)

8. AGE: Years 22 Months 8 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Potosi Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Samuel Boyd  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Mary Jane Jennin  
15. Birthplace Washington Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel Penny

(b) Address Ironton, Mo.

17. (a) Removal (b) Date thereof 5-1-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) MAY 1 1940 (b) J. H. Brubaker  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron  
(c) City or town Ironton NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U.S. \_\_\_\_\_ years

20. DATE OF DEATH: Month April day 29<sup>th</sup>  
year 1940 hour 8:35 minute 0 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic Coma  
Contrib: Diabetes Mellitus

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature Albert H. Hoppe (M. D. or other) \_\_\_\_\_  
Address Ironton, Mo. Date signed 5.1.40

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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

*Albert W. Harper*

Licensed Embalmer No. 1861

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.**