

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **CITY HOSPITAL #1, /**
(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

8. (a) PRINT FULL NAME **William H. Penfield 514**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **702-03-9360**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Grace Penfield** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **September 5 1879**
(Month) (Day) (Year)

8. AGE: Years **60** Months **10** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace **Iowa /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Night Watchman**

11. Industry or business **Frisco Railroad**

12. Name **William H. Penfield**

13. Birthplace **? ?**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary ?**

15. Birthplace **? ?**
(City, town, or county) (State or foreign country)

16. (a) Informant **Grace Penfield**

(b) Address **3327 Park**

17. (a) **BURIAL** (b) Date thereof **JULY 26 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ROLLA, MO.**

18. (a) Signature of funeral director **E. J. Schmitt**

(b) Address **3125 Lafayette Av**

19. (a) **7/22** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis 18**
(If outside city or town limits, write "RURAL")
(d) Street No. **3327 Park Ave.**
(If rural, give location)
(e) ~~Foreign born, how long in U.S.~~ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **J** day **24**
year **1940** hour **10:35** minute _____ 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 **Cerebral Apoplexy**

Due to **Hearting**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **82a**

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature **Alfred Perry** (M. D. or other) _____

Address **3327 Park Ave** Date signed **7/26/40**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Joseph Hollmer

Licensed Embalmer No. 40154

P. O. Address 3125 La Fayette Ave

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.