V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 34003
8700

Registration District No. 791 Primary Registration District No.

Registrar's No.

FILED NOV 16 1940

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

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: Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

In this community 30 years

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. 3510 Laclede
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Thomas Pennington

3. (b) If veteran, name war Hil

3. (c) Social Security No. (Unk)

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Pennington

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased April 27, 1891 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	5	20	hr. min.

9. Birthplace Nashville (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Laherer

11. Industry or business W. P. A.

FATHER
12. Name Sam L. Pennington
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Luvenia (Unk)
15. Birthplace Nashville (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Edna Pennington
(b) Address 3510 Laclede Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/40 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director E. M. C. Green
(b) Address 3517 Laclede ave

19. (a) OCT 22 1940 (Date received local registrar) (b) J. F. Bedell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1940 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from Oct 8, 1940 to Oct 18, 1940; that I last saw him alive on Oct 18, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cystic Lung Disease	8 yrs
Non Malignant	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature O. Allen (M. D. or other)
Address 2601 N Whittier Date signed 10/21/40

(Licensed Embalmer's Statement on Reverse Side)

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 P. M. Green

Licensed Embalmer No. 1173

P. O. Address 357 Seclude 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.