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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22310

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1477

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. 5/28/42. (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1517 Palm. Street.
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Otho C. Pennington

3. (b) If veteran, name war World War #1 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Nettie 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased January (Month) 27. (Day) 1896 (Year)

8. AGE: Years 46 Months 5 Days 10 If less than one day hr. min.

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

10. Usual occupation Barber

11. Industry or business -

FATHER
12. Name Daniel ~~Unavailable~~ Pennington
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Adaline Miller ~~Unavailable~~
15. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Ellington, Mo.

18. (a) Signature of funeral director Leuckel Funeral Home
(b) Address VanBuren, Mo.

19. (a) JUL 9 - 1942 (Date received local registrar) (b) E. G. McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th, year 1942 hour 6:00 minute p. M.

21. I hereby certify that I attended the deceased from May 28, 1942, to July 7, 1942; that I last saw him alive on July 7, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive and coronary arterio-sclerotic heart disease, cardiac enlargement, myocardial damage and insufficiency. Duration Unknown

Due to -

Due to -

Other conditions - (Include pregnancy within 3 months of death)

Major findings:
Of operations -

Of autopsy No 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) no
(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? Means of injury

23. Signature R. W. GOOD, M.D., (M. D. or other)
Address Acting Chief Medical Officer Date signed 7/8/42

707

(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 Howard R Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis, Mo

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, fact should be so stated above.