

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

1. PLACE OF DEATH
(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
701 Clark St 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 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Charles
(c) City or town St Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 701 Clark St
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Minnie L. Penner
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 14
year 1942 hour 6 Minute AM M.
21. I hereby certify that I attended the deceased from July 25
....., 1942, to Aug 13 1942

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Penner 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased: June 27 1857
(Month) (Day) (Year)

that I last saw h. 4 alive on Aug 13 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Diabetes Snyg Duration

8. AGE: Years 85 Months 1 Days 17
If less than one day hr. min.

Due to.....
Due to.....
Other conditions Nephritis
(Include pregnancy within 9 months of death)

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business None
12. Name Fred Nette
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

16. (a) Informant Her Penner
(b) Address 701 Clark St Charles Mo
17. (a) Burial (b) Date thereof Aug 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery St Charles
18. (a) Signature of funeral director Arthur C. Baur
(b) Address 226 No 6 St St Charles Mo
19. (a) 8-15-42 (b) Clarence G. Wessler
(Date local registrar) (Registrar's signature)

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 J. R. Hardin (M. D. or other)
Address St Charles Mo Date signed 8-15-42

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

Arthur C. Davis

Licensed Embalmer No. *2756*

P. O. Address

St. Charles, 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.