

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town ST. LOUIS MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY
(Specify whether
In this community 1 DAY
years, months or days)

3. (a) PRINT FULL NAME DELORIS E PENROD

3. (b) If veteran. name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced —

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

7. Birth date of deceased JULY 6 1931
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
11 4 8 hr. min.

9. Birthplace ALTO PASS ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business CHILD

12. Name CALVIN PENROD

13. Birthplace PANOMA ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name JULIA HENRY

15. Birthplace IVEDAHE ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant CALVIN PENROD

(b) Address 2903 CAYUGA STREET

17. (a) REMOVAL (b) Date thereof 11-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. JOHN'S CEMETERY

(a) Signature of funeral director Chas E. Mercer

(b) Address GRANITE CITY ILLINOIS

19. NOV 16 1942 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County MADISON
(c) City or town GRANITE CITY ILL.
(If outside city or town limits, write "RURAL")
(d) Street No. 2903 CAYUGA STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1942 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Abscesses of right lung (pneumonia)
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 [Signature] (M. D. or other) _____
Address _____ Date signed 11/16/42

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

MOTHER FATHER

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..... *Chas. E. Mercer*

Licensed Embalmer No. *2988*

P. O. Address..... *Granite City Illinois*

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.