

FILED JUN 5 1943 18

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 4927

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(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:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution. 1 day; 4 hrs; 40 mins.  
In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2327a Cole  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Malissa Penny

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Henry Penny 6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased March 1 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business James Hunb.

12. Name James Hunb.  
13. Birthplace Farmington Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Berryman  
15. Birthplace Farmington Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Penny  
(b) Address 2327a Cole St.

17. (a) Burial Washington Park Cem. (b) Date thereof May 29 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Untd. Co.  
(b) Address 2732 Pine Street

19. (a) MAY 20 1943 J. E. Bredes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27,  
year 1943 hour 4 minute 55 A. M.  
21. I hereby certify that I attended the deceased from May 26,  
1943 to May 27, 1943;  
that I last saw her alive on May 27, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Hypertension  
Duration Unknown

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature S. E. Smith (M. D. or other) \_\_\_\_\_  
Address 2301 Whittier Date signed 5/27/43

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

MOTHER FATHER

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**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 Joel Russell  
Licensed Embalmer No. 4112

P. O. Address.....

**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.**