S. No. 2
M—5-43
. 5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39626

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11025

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:
3408 Magnolia Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 3408 Magnolia Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James R. Penny

3. (b) If veteran, name war Nil

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 Betty Penny

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased October (Month) 22 (Day) 1871 (Year)

8. AGE: Years 74 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Caleb Penny
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Martha Gentry
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Betty Penny
(b) Address 3408 Magnolia Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Paragould, Arkansas

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 18 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15 year 1945 hour 8:05 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 2, 1944, to Dec. 15, 1945 that I last saw h. alive on Dec. 15, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Collapse — Duration

Due to Chr. Myocarditis — Duration

Due to Hypertrophied Prostate — Duration

Due to Senility — Duration

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 Leo B. Young (M. D. or other)
Address 2621 S. Jefferson Date signed 12/15/45

(Licensed Embalmer's Statement on Reverse Side)

11025

11025

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.....

Licensed Embalmer No.....

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.