

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6800
Registrar's No. 1846

Registration District No. 1003 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution City Hospital
(d) Length of stay: In hospital or institution 3 Weeks
In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joan Penno
3. (b) If veteran, name war none 3. (c) Social Security No. none
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 5th, 1947
(Month) (Day) (Year)

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

9. Birthplace St. Louis Mo. G
(City, town, or county) (State or foreign country)
10. Usual occupation none

11. Industry or business
12. Name Walter Penno
13. Birthplace Mo O
(City, town, or county) (State or foreign country)
14. Maiden name Maria Heitman
15. Birthplace Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Penno
(b) Address 2614 N. 11th. St.
17. (a) Burial (b) Date thereof 2-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) FEB 24 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 2617
(d) Street No. 2614 N. 11th. St. 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 22
year 1947. hour 12:10 PM. minute M.
21. I hereby certify that I attended the deceased from Feb 5
1947 to Feb 22, 1947
that I last saw him alive on Feb 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
1. Aggravation of Vomitus
2. Pulmonary edema?
Due to Asympha etiology under-terminated

Due to
Other conditions (Include pregnancy within 3 months of death) 11A

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

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? 0
23. Signature J. F. Bredeck (M. D. or other) 0
Address Date signed

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

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

John P. Beckholz

Licensed Embalmer No.

1674

P. O. Address

2223 St. Louis Ave

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.