

**FILED JUL 21 1947**  
Registration District No. **318**

Primary Registration District No. **1003**

**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:  
**Park Lane Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **St. Charles**  
(c) City or town **Wentzville**  
(If outside city or town limits, write "RURAL")  
(d) Street **W.R.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Lela Mary Penn**

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..... **Widowed**

6. (b) Name of husband or wife..... **William E. Penn**

6. (c) Age of husband or wife if alive..... years **15**

7. Birth date of deceased..... **February 15 1868**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **4** Days **25** If less than one day  
hr. min.

9. Birthplace **Flint Hill Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

12. Name **Benjamin C. T. Pratt**

13. Birthplace **Plymouth County Massachusetts**  
(City, town, or county) (State or foreign country)

14. Maiden name **Helen T. English**

15. Birthplace **Big Creek Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Downing**  
(b) Address **4535 Chouteau Avenue.**

17. (a) **Burial** (b) Date thereof **7/12/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wentzville, Missouri**

18. (a) Signature of funeral director **T.E. Pitman**

(b) Address **Wentzville, Mo.**

19. (a) **JUL 10** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **10**  
year **1947** hour **12** minute **35** A.M.

21. I hereby certify that I attended the deceased from **April 26, 1944**  
to **July 9, 1947**  
that I last saw h. or alive on **July 9, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage (right side)**  
Duration

Due to **121**

Other conditions **Chronic Det. Hypertension**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **Hypertension**

Of autopsy.....

**PHYSICIAN**

Underline the cause of 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 **J. F. Bredek** (M. D. or other) **M. D.**

Address **4930 Lindell Blvd.** Date signed **7/10/47**

WRITE PLAINLY—USING 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.....

*John S. Rennek*

Licensed Embalmer No. *41949*

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.