

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

42843

State File No. \_\_\_\_\_

**FILED DEC 27 1949**

Registrar's No. **10855**

BIRTH NO. 68536-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>  d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute City Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>  d. STREET ADDRESS (If rural, give location) <u>2614 North 11th Street.,</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Linda</u> b. (Middle) <u>Lee</u> c. (Last) <u>Penno</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec 16, 1949</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Never married</u>	<b>8. DATE OF BIRTH</b> <u>Sept 13, 1949</u>	<b>9. AGE</b> (In years last birthday) <u>3</u>	<b>IF UNDER 1 YEAR</b> Months <u>3</u> Days <u>3</u>	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Infant</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Walter Penno</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Edna Heitman</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Nil</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No Nil</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Walter Penno - 2614 North 11th St.,</u>		

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital malformation of heart.</u> DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>157</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>7574</u>	

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:37 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Cathel E Taylor Coroner</u>		<b>23b. ADDRESS</b> <u>1300 Clark</u>	
<b>23c. DATE SIGNED</b> <u>DEC 17 1949</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>12/19/49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Normandy, Missouri</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>DEC 17 1949</u>		<b>REGISTRAR'S SIGNATURE</b> <u>J. B. Sarator</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Morrell - 4212 St. Louis Avenue.</u>		<b>ADDRESS</b>	

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

No. 300  
10.48

**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~~ *Me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Isaac W. Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address *St. Louis Mo.*

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.