

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18530

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4895

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|---|-----------------------------------|--|------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | 2129 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION De. Paul Hosp | | d. STREET ADDRESS (If rural, give location) 5009 Vernon 0 | |

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|--|---------------------------|---|--|---|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Philipine b. (Middle) Penova c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) 6 1 50 | | |
| 5. SEX Female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH April 29 1889 | | 9. AGE (In years last birthday) 61 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwk | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Jugoslavia 8 | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | | |

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| 13a. FATHER'S NAME Matthew Corich | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE Peter Penova |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Michael Penova | ADDRESS 5009 Vernon |
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|---|--|----------------------------------|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemiplegia | | INTERVAL BETWEEN ONSET AND DEATH (?) |
| | II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |

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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 334A |

22. I hereby certify that I attended the deceased from April 17, 1950, to April 17, 1950, that I last saw the deceased alive on April 17, 1950, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

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|---|---------------------|---|--|
| 23a. SIGNATURE J. M. Black M.D. | (Degree or title) | 23b. ADDRESS 705 N. Kingshighway | 23c. DATE SIGNED June 2/50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6-5-50 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. |

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|--|--|--|-----------------------|
| DATE REC'D BY LOCAL REG. JUN 3 1950 | REGISTRAR'S SIGNATURE J. B. Basater | 25. FUNERAL DIRECTOR'S SIGNATURE Myrabel Lureau | ADDRESS 1926 Allen |
|--|--|--|-----------------------|

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

George H. Johnson & Helmer

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 Paul A. Johnson

Licensed Embalmer No. 4533

P. O. Address 1924 Allen

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.