

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25662

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4076 Registrar's No. 1697

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ribe</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barre</u>		c. LENGTH OF STAY (in this place) <u>4 mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana Mo. 0821</u>		d. STREET ADDRESS (If rural, give location) <u>1119 North Carolina St</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mt St Rose Sanitarium</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDGAR</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>PENNOCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 12 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>4</u>	8. DATE OF BIRTH <u>March 22, 1906</u>	9. AGE (In years last birthday) <u>48</u>	if UNDER 1 YEAR Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing Store</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Albert Pennock</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Joseph</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred K. Pennock</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>490-05-3871</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred H. Pennock</u> ADDRESS <u>Louisiana Mo.</u>		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTESTINAL HEMORRHAGE</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>DUODENAL ULCER, CHRONIC</u> DUE TO (c) <u>541.0</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PULMONARY TUBERCULOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>many months</u> <u>5410</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>7-11</u> , 19 <u>50</u> , to <u>7-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-11</u> , 19 <u>50</u> , and that death occurred at <u>2:02 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Masao Ohmoto</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>16 Hampton Village Way</u>		23c. DATE SIGNED <u>7-12-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-12-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Review</u>	24d. LOCATION (City, town, or county) (State) <u>Louisiana Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-12-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dowler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sterne Funeral Home</u> ADDRESS <u>Louisiana Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1961 E 1114

MAR 8 1962

**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 \_\_\_\_\_

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

working under my personal supervision.

Signed \_\_\_\_\_

*J. Allen Davis*  
4053  
St. Louis, Mo.

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

**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.