

STANDARD CERTIFICATE OF DEATH

FILED MAR 20 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 767

200
2

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

| | | | | | |
|--|---|---|---|--|-------------------------|
| 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>St. Louis</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Bellefontaine Heights</u> | | c. LENGTH OF STAY (In this place) <u>4 yrs 7 mos</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Bellefontaine Heights</u> | | 4020 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Training School</u> | | | d. STREET ADDRESS (If rural, give location) <u>10695 Bellefontaine Rd</u> | | |
| 3. NAME OF DECEASED a. (First) <u>Barbara</u> b. (Middle) <u>Jean</u> c. (Last) <u>Penn</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 5 1953</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>Sept. 13, 1934</u> | 9. AGE (In years last birthday) <u>18</u> | # UNDER 1 YEAR <u>5</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Mississippi</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Booker T. Penn</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dillie Whitaker</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Records of St. Louis State Tr. School</u> ADDRESS <u>10695 Bellefontaine Rd</u> | | |

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|--|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH <u>Feb. 13-1953</u> |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right Middle Lobe Pneumonia</u> | | | Mar. 5, 1953 |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy - Mental Retardation</u> | | | <u>Life.</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July 7, 48, 1945, to Mar. 5, 1953, that I last saw the deceased alive on Mar. 5, 1953, and that death occurred at 5:5 a. m., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|--------------------------------|--|
| 23a. SIGNATURE <u>Joseph M. Ullrich</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>10695 Bellefontaine Rd</u> | | 23c. DATE SIGNED <u>3-5-53</u> | |
| 24a. BURIAL/CREMATION/REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>3-10-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u> | | |
| DATE REC'D BY LOCAL REG. <u>MAR 9 1953</u> | REGISTRAR'S SIGNATURE <u>Hubert R. Domb-M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. G. Hagan</u> ADDRESS <u>4214 Delmar</u> | | |

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

F. C. Green

Signed.....

Student Embalmer

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

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.