

FILED MAR 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. 6409

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1238

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **St Louis**
 c. LENGTH OF STAY (in this place) (township) **D.O.A.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Incarnate Word Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **St Louis**
 c. CITY OR TOWN **Mehlville** *4850*
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) **Yeager Road Rt 11 Box 254b Mehlville Mo.**

3. NAME OF DECEASED (Type or Print)
 a. (First) **Raymond** b. (Middle) **Joseph** c. (Last) **Penno**

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 9th 1955

5. SEX **Male**
 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
June 19 1911

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
43 7 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Enginer

10b. KIND OF BUSINESS OR INDUSTRY
Falstaff Brewery

11. BIRTHPLACE (City and State or Foreign Country)
St Louis Mo.

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13a. FATHER'S NAME
Charles R Penno

13b. MOTHER'S MAIDEN NAME
Anna McGown

14. NAME OF ~~HUSBAND~~ WIFE
Mrs Nadine Penno

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no None

16. SOCIAL SECURITY NO.
4890-96-980

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS
Mrs Nadine Penno Rt 11 Box 254 B

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) **Coronary Thrombosis**
 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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO

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) (m.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
4201

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 **4:40 A.M.** from the causes and on the date stated above.

23a. SIGNATURE
[Signature]

23b. ADDRESS
1300 Clark

23c. DATE SIGNED
2/10/55

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Feb 12 1955

24c. NAME OF CEMETERY OR CREMATORY
St Trinity Lutheran Cem

24d. LOCATION (City, town, or county) (State)
Lemay, Mo.

DATE REC'D BY LOCAL REG.
EB 10 1955

REGISTRAR'S SIGNATURE
J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Fey Funeral Home, Mehlville Mo.

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

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..

Student.....
Signature of Student Embalmer

Signed..... *G. W. Wilkins*

Licensed Embalmer No. *35*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.