

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 - 1955

24198

State File No. \_\_\_\_\_  
Registrar's No. **5900**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS <b>21</b>		(If rural, give location) <b>3229 Franklin 2290</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lee</b> b. (Middle) c. (Last) <b>Penny</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7 5 55</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 26, 1898</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 1 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Louisiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>1</b>
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13a. FATHER'S NAME <b>Marion Penny</b>	13b. MOTHER'S MAIDEN NAME <b>Pauline Jenkins</b>	14. NAME OF HUSBAND OR WIFE <b>Mary L. Penny</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mary L. Penny</b>	ADDRESS <b>2908 Lewton</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Luetic Heart Disease</b> <b>Cardiac Insufficiency</b>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Luetic Heart Disease</b> <b>Cardiac Insufficiency</b> 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. <b>Adenocarcinoma of Colon with Metastasis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>023XH</b>
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22. I hereby certify that I attended the deceased from **6-23**, 19**55**, to **7-5**, 19**55**, that I last saw the deceased alive on **7-5**, 19**55**, and that death occurred at **5:30a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edw. B. Williams, M.D.</b>	23b. ADDRESS <b>2601 N. Whittier</b>	23c. DATE SIGNED <b>7-5-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 11, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Father Dickson</b>	24d. LOCATION (City, town, or county) (State) <b>Lewwood, Mo</b>
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DATE REC'D BY LOCAL REG. <b>JUL 8 1955</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. B. Kousce</b>	ADDRESS <b>1221 N. Grand</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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 ..... Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *William Blackman*

Licensed Embalmer No. *396*

P. O. Address *1721 N. 5th*

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.