

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020031  
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5750

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If not corporate limits, give TOWNSHIP only) <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4204 Fladave, 3 yrs 179</i>		Length of stay in 1)	STREET ADDRESS (If possible, give location) <i>4204 Flad</i>
3. NAME OF DECEASED (Type or print) <i>Lucinda Ellen Penrod</i>		4. DATE OF DEATH Month <i>May</i> Day <i>31</i> Year <i>1958</i>	
5. SEX <i>Female</i>	6. COLOR OF HAIR <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 10, 1869</i>
9. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) <i>Housewife</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. PLACE (City and state or country) <i>Luray, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>James Robertson</i>	
14. MOTHER'S MAIDEN NAME <i>Mary Elizabeth Cook</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or date of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT <i>Mrs. Addie Kluge, St. Louis, Mo.</i>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of the bladder</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 mos.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Anemia, secondary to above</i>	<i>4 mos.</i>
	DUE TO (c) <i>None</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  
*None* *181.0*

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>None</i>
20c. TIME OF INJURY Hour <i>-</i> Month <i>-</i> Day <i>-</i> a. m. <i>-</i> p. m. <i>-</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>-</i>	20f. CITY, TOWN, OR LOCATION <i>-</i>	COUNTY <i>-</i>	STATE <i>-</i>
21. I attended the deceased from <i>7-4-57</i> to <i>5-31-58</i> and last saw her alive on <i>5-26-58</i> Death occurred at <i>1:45</i> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Edwarr P. Reh, M.D.</i>		22b. ADDRESS <i>4500 Olive St. Louis (8)</i>	22c. DATE SIGNED <i>5-31-58</i>

23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <i>June 3/1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Riverview Cem. Louisiana, Mo.</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis (8) Mo.</i>
24. FUNERAL DIRECTOR <i>George O. Wagner, Louisiana, Mo.</i>	ADDRESS <i>-</i>	25. DATE RECD. BY LOCAL REG. <i>JUN 3 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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

Signature *George O. Hagn*  
.....

Licensed Embalmer No. *37*

P. O. Address *Louisiana*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.