

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040849

FILED VS OCT 26 1960 362

Registration District No.          Primary Registration District No. 6237 Registrar's No. 59

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (if outside separate limits, give TOWNSHIP only) OR TOWN <b>Hickory Grove Marthasville</b>		Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>Kirkwood</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>9 mi N. of Marthasville R. R. #1</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>10161 Manchester Rd.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>SEBASTIANO</b> Middle <b>PENNISE</b> Last <b>PENNISE</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>22</b> Year <b>1960</b>		
--	--	--	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/25/93</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
-----------------------	----------------------------------	---	-------------------------------------	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Excavating Contractor</b>	11. BIRTHPLACE (City and state or country) <b>Italy</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
---	---	--	---

13a. FATHER'S NAME <b>Antonio Pennise</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Leonarda Pennise</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. II</b>	16. SOCIAL SECURITY NO. <b>496-38-0337</b>	17. INFORMANT <b>Santo Pennise, 10161 Manchester, Kirkwood, Mo.</b>
---	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs</b>
IMMEDIATE CAUSE (a)	<b>Coronary Occlusion</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Acute heart attack</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
---	---	--

20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year
--

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>On his farm</b>	20f. CITY, TOWN, OR LOCATION <b>about 9 mi North of Marthasville, Warren, Mo</b>	COUNTY <b>Warren, Mo</b>	STATE
---	--	---	--------------------------	-------

21. I attended the deceased from <b>None</b> to <b>None</b> and last saw her/him alive on <b>None</b> Death occurred at <b>About 3 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <b>F. H. Knigge D.C. (Coroner)</b>	22b. ADDRESS <b>Wassentown Dns</b>	22c. DATE SIGNED <b>Oct 22-5</b>
--	---------------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10/26/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
---	------------------------------	--	---

24. FUNERAL DIRECTOR <b>Louis H. Popp, Inc. Kirkwood, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct. 25, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Joseph Hogan</b>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

0961 18 190

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Harold J. Wyland*

Licensed Embalmer No. 4512

P. O. Address Kirkwood

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.

0961 18 190