

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041907

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10618** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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2 **217**

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		OCT 31 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		St. Louis,		c. CITY OR TOWN		St. Louis,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		St. Louis-Little Rock Hospitals, Inc.,		d. STREET ADDRESS		3116 Eads Ave.,	
3. NAME OF DECEASED (Type or print)			First Middle Last			4. DATE OF DEATH	
Robert Ray Penning						October 24, 1963.	
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	
Male	White		Feb. 18, 1886	77 Yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
Loco. Engineer		Railroad		ST AUBERT MO		USA	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE	
CHARLES EDWARD PENNING			REBECCA J. SOUTH			SUSAN Susie HARRIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)			16. SOCIAL SECURITY NO.		17. INFORMANT Address		
No					MRS SUSAN PENNING 3116 EADS		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Generalized Carcinomatosis							
DUE TO (b) Carunomia of liver							
DUE TO (c) 1561							
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 checked="" type="checkbox"/> NO <input 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 Month, Day, Year							
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.)			20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 7/15/63 to 10/24/63. and last saw ^{her} him alive on 10/24/63.							
Death occurred 4:50 P.M., on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Ans. Byford</i> (Degree or title)			22b. ADDRESS			22c. DATE SIGNED	
			1755 South Grand Blvd.,			10-25-63	
23a. BURIAL, CREMATION, or REMOVAL (Specify)			23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)	
REMOVAL OCT 28 63			LAUREL HILL GARDENS			ST. LOUIS CITY MO.	
24. FUNERAL DIRECTOR			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		
E.J. Schnur Funeral Home - 3125 Lafayette St. Louis, Mo.			OCT 25 1963		Road Smith, M.D.		

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 Harvey Kahl

Licensed Embalmer No. 4596

P. O. Address St. Louis MO

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.