

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10415

State File No.

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1708**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge</u>		d. STREET ADDRESS (If rural, give location) <u>5323 A St. Louis</u>	
3. NAME OF DECEASED (Type or Print) <u>Minnie</u>		a. (First)	b. (Middle) <u>Pennington</u>
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 22, 1952</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>10/11/85</u>
9. AGE (In years last birthday) <u>6 years</u>		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>High Point Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>John Pennington</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James Clifford Pennington</u>		ADDRESS <u>3325a St. Louis</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia due to ureteral obstruction</u>		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Abdominal carcinomatosis</u>		
		DUE TO (c) <u>Carcinoma of Rectum.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION <u>MAY, 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Rectum.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>15 ft</u>

22. I hereby certify that I attended the deceased from Feb 20, 1952, to Feb 22, 1952, that I last saw the deceased alive on Feb 22, 1952, and that death occurred at 8:10 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Lawson, M.D.</u>	(Degree or title) <u>D</u>	23b. ADDRESS <u>1325 South Grand.</u>	23c. DATE SIGNED <u>2/29/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/24/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Point Cem</u>	24d. LOCATION (City, town, or county) (State) <u>High Point, Mo.</u>

DATE REC'D BY LOCAL REG. <u>FEB 25 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred C. Henke</u>	ADDRESS <u>4911 Washington Blvd</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....
Student Embalmer

Signed

John J. Haines

..... Licensed Embalmer No. *4108*

..... 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 this body is not embalmed, fact should be so stated above.