

FILED

1948 JAN 30 TIME 8:41
(Print or Type Name)

HERBERT J.
First Name Middle Name

PENNOCK NONE
Last Name Social Security Number

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State PENNSYLVANIA
(b) Co. CHESTER (c) Post Office and Zone
(d) No. KENNETT SQUARE Ave. No. 54
(If in rural area, give location)
(e) Length of residence or stay in City of New York immediately prior to death NONE-RESIDENT

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

4 WIFE or HUSBAND of ESTHER

5 DATE OF BIRTH OF DECEDENT FEBRUARY (Month) 10 (Day) 1894 (Year)

6 AGE 53 yrs. 11 mos. 20 days If LESS than 1 day, hrs. or min.

7 Occupations
A Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. VICE PRESIDENT + GENERAL MGR.
B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc. PHILADELPHIA BASEBALL CLUB

8 BIRTHPLACE OF DECEDENT: (a) State PENNSYLVANIA
(b) County (c) City, Town, or Village KENNETT Sq.

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH? U. S. A.

10 WAS DECEDENT WAR VETERAN? IF SO, NAME WAR World War I.

PARENTS OF DECEDENT
11 NAME OF FATHER OF DECEDENT THEODORE PENNOCK
12 BIRTHPLACE OF FATHER (State or country) KENNETT SQUARE, PA.
13 MAIDEN NAME OF MOTHER OF DECEDENT LOUISA SHARP
14 BIRTHPLACE OF MOTHER (State or country) KENNETT SQUARE, PA.

15 SIGNATURE OF INFORMANT Father Pennock RELATIONSHIP TO DECEDENT wife ADDRESS Kennett Square, Pa.

22 PLACE OF BURIAL OR CREMATION Union Hill Cemetery, Schuylkill Co., Pa. DATE OF BURIAL OR CREMATION February 2nd 1948

23 FUNERAL DIRECTOR Jacob Herrlich Sons, Inc. ADDRESS 332 East 56 Street. PERMIT NUMBER 3043

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

16 PLACE OF DEATH:
(a) NEW YORK CITY: (b) Borough MANHATTAN
(c) Name of Hospital or Institute: MIDTOWN HOSPITAL
(If not in hospital or institution, give street and number.)
(d) If in hospital, give Ward No.
(e) Length of stay at place of death immediately prior to death

17 DATE AND HOUR OF DEATH JANUARY 30 1948 1:05 PM (Year) (Month) (Day) (Hour)

18 SEX Male 19 COLOR OR RACE White 20 Approximate Age 54

21 I HEREBY CERTIFY THAT (I attended the deceased)* (a staff physician of this institution attended the deceased)*
from 12:00 noon 1/30 1948 to 1:05 PM, 1/30 1948
and last saw him alive at 12:00 AM on 1/30 1948

I further certify that death was not caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report filed with the Department of Health.

* Cross out words that do not apply.
† See first instruction on reverse of certificate.

Witness my hand this 30th day of January 1948
Signature Hilary J. Tolson M. D.
Address 45 E. 67 St. - N. Y. C.