. S. No. 2
0M—5-43
v. 5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4696

FILED FEB 24 1945 318

Registration District No. 1945

Primary Registration District No. 1003

Registrar's No. 1452

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Lukes Hospital. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 17

(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")

(d) Street No. 47 Westmoreland Plc., 12
(If rural, give location)

(e) Citizen of foreign country? no. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alice Holloway Pflager.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Female. 1

5. Color or race White. 0

6. (a) Single, widowed, married, divorced Infant.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 15, (Day) 1944. (Year)

8. AGE: — Years | Months 1. | Days 29. | If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. 1 (State or foreign country)

10. Usual occupation Infant.

11. Industry or business

FATHER
12. Name Henry B. Pflager.
13. Birthplace Chicago, (City, town, or county) Illinois. 1 (State or foreign country)

MOTHER
14. Maiden name Dorothy Holloway.
15. Birthplace Los Angeles, (City, town, or county) California. 1 (State or foreign country)

16. (a) Informant H. B. Pflager.
(b) Address 47 Westmoreland Plc.,

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 2/14/45. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.,

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blv'd.

19. (a) FEB 14 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13th
year 1945 hour 2 45 minute Pm M.

21. I hereby certify that I attended the deceased from 12-21, 1944 to 2-13, 1945
that I last saw her alive on 2-13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Atelectasis
Immaturity
Due to Spina Bifida
Due to Hydrocephalus
Other conditions (Include pregnancy within 3 months of death) 157

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. J. Lonsway (M. D. or other)
Address 3750 Washington Date signed 2/13/45

(Licensed Embalmer's Statement on Reverse Side) M. J. LONSWAY

Dr Maurice J. Lonsway.
3720 Washington.
JE: 0300.

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - 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.