

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11449

State File No.

803

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **4467** Registrar's No.

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Valley Park)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park	
c. LENGTH OF STAY (in this place) 12 years		d. STREET ADDRESS (If rural, give location) 410 Benton Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 410 Benton Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Benton b. (Middle) H. c. (Last) Offer			4. DATE OF DEATH (Month) (Day) (Year) March 26, 1950	
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 27, 1881		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 7 Days 29		IF UNDER 11 HRS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self employed			10b. KIND OF BUSINESS OR INDUSTRY Rental property Farmington, Missouri			11. BIRTHPLACE (State or foreign country) 0			12. CITIZEN OF WHAT COUNTRY? U.S.		
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13a. FATHER'S NAME Henry Offer			13b. MOTHER'S MAIDEN NAME Emma Kidwell			14. NAME OF HUSBAND OR WIFE Emma Offer		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 499-05-0747		17. INFORMANT'S SIGNATURE OR NAME Emma Offer		ADDRESS Valley Park, Mo.	
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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) Diabetes mellitus with coma		II. OTHER SIGNIFICANT CONDITIONS Arteriosclerosis							
ANTECEDENT CAUSES		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b)							
		DUE TO (c)							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 28, 1948, to March 26, 1950, that I last saw the deceased alive on March 25, 1950, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE B. P. Loving M.D.		23b. ADDRESS Ballwin, Mo.		23c. DATE SIGNED 3-26-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 29, 1950		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem		24d. LOCATION (City, town, or county), (State) St Louis Co. Missouri	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Herbert A. Combe		25. FUNERAL DIRECTOR'S SIGNATURE Weyer-Pfittinger		ADDRESS Kirkwood, Mo.	
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MAR 28 1950 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

7001

No 300
10-48

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
Student Embalmer

Signed William H. Pfitzinger

Licensed Embalmer No. 231-6

P. O. Address Kulwood, 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.