

No. 1300  
10. 48

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18892

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 2216

1. PLACE OF DEATH a. COUNTY St. Louis County			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		c. LENGTH OF STAY (in this place) Life Time	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		4554
d. FULL NAME OF HOSPITAL OR INSTITUTION 7807 Folk Ave.			d. STREET ADDRESS (If rural, give location) 7807 Folk Avenue		

3. NAME OF DECEASED (Type or Print) Raymond U. Pflueger			4. DATE OF DEATH (Month) (Day) (Year) May 17 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 14, 1884	9. AGE (In years last birthday) 66	10. UNDER 1 YEAR Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photo Engraver	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Columbia, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Raymond Pflueger		13b. MOTHER'S MAIDEN NAME Margaret Gebhart		14. NAME OF HUSBAND OR WIFE Mary Pflueger	
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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) None	16. SOCIAL SECURITY NO. 497-05-2012	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Pflueger - 7807 Folk Ave.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Gastric Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 3 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Gastric Ulcer			5 yrs.	
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Cardio-nephritis			12 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 546.1		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/14/51 19, to 5/17/51, 19, that I last saw the deceased alive on 5/16/51 19, and that death occurred at 1:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE E. B. [Signature] M.D.	23b. ADDRESS 2901 Big Bend Rd	23c. DATE SIGNED 5/17/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 19, 51	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	24d. LOCATION (City, town, or county) (State) 3906 Mt. Olive St., Mo.
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DATE REC'D BY LOCAL REG. 5-19-51	REGISTRAR'S SIGNATURE Herbert R. [Signature] M.D.	FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith	ADDRESS 7156 Manchester, Maplewood, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.