

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45024  
State File No. 11796  
Registrar's No.

FILED JAN 26 1953

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital,		d. STREET ADDRESS (If rural, give location) 15 457 Walsh St.	
3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) E. c. (Last) Pfaff,			4. DATE OF DEATH December 22, 1952 (Month) (Day) (Year)
5. SEX Female.	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married,	8. DATE OF BIRTH May 21, 1886
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,	11. BIRTHPLACE (City and State or Foreign Country) Murphy, Missouri, U
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wenzel Wallach,		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE George E. Pfaff,
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George E. Pfaff, 457 Walsh St.,
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ac. Cardiac Collapse</u>  ANTECEDENT CAUSES DUE TO (b) <u>Ch. Myocarditis</u> DUE TO (c) <u>Carcinoma Cervix &amp; pelvis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 5 yrs 2 Mon. 5 yrs	
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? 171X.	
22. I hereby certify that I attended the deceased from Jan. 18 1952, to Dec. 22, 1952, that I last saw the deceased alive on Dec. 22, 1952, and that death occurred at 8:30P, m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Geo. Spangler M.D.</u>		23b. ADDRESS 2621 5 Jefferson	23c. DATE SIGNED 12/23/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,	24b. DATE 12/26/52	24c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery.	24d. LOCATION (City, town, or county) (State) Fenton, Mo.
DATE REC'D BY LOCAL REG. DEC 23 1952	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.	

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

Mulderick

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Loren E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,  
St. Louis, 18, 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.