

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22806

State File No. _____

MO. REG. DIST. NO. 26 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5419

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (In this place) 29 Hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Northwoods,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 4411 June Avenue, 20,	

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) F.	c. (Last) DOERFLINGER	4. DATE OF DEATH (Month) (Day) (Year) May 28th, 1953
-------------------------------------	--------------------------	-----------------------	------------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 6th, 1900	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
--------------------	-------------------------------	---	---	---	------------------------	----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman	10b. KIND OF BUSINESS OR INDUSTRY Southwestern Bell Telephone Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	---

13a. FATHER'S NAME Charles Deerflinger	13b. MOTHER'S MAIDEN NAME Eva Halyard	14. NAME OF HUSBAND OR WIFE Gladye M. Deerflinger
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 488-10-4799	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladye Deerflinger, 4411 June avenue, 20
---	---	---

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) Embolism of aorta & deep femoral arteries		1 day
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease, auricular fibrillation + mitral stenosis. DUE TO (c) Cardiac failure (congestive) Postoperative shock.		probable months. 1 day.

19a. DATE OF OPERATION May 27, 1953	19b. MAJOR FINDINGS OF OPERATION Embolus at aortic bifurcation, embolus at deep femoral artery	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
--	---	--

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 4/10X
--	--	--

22. I hereby certify that I attended the deceased from **March 31 1953** to **May 28 1953**, that I last saw the deceased alive on **May 28, 1953** and that death occurred at **11:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert S. Weinhaus M.D.	23b. ADDRESS Robert S. Weinhaus, M.D. 508 North Grand, St. Louis, Mo.	23c. DATE SIGNED May 29/53
---	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/1/53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
--	-------------------------	--	---

DATE REC'D BY LOCAL REG. JUN 1 1953	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.
--	--	--

(Licensed Embalmers' Statements on Reverse Side)

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

Before 1:00 PM Friday Sure,

File in City

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 John A. Minor
Licensed Embalmer No. 4186
P. O. Address St. Louis 9

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.