

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33863**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9115**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>26 yr</b>		d. STREET ADDRESS (If rural, give location) <b>4890 Farlin</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4890 Farlin</b>		7 <b>7</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Dora</b> b. (Middle) c. (Last) <b>Pfaff</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 20 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 18 1880</b>
9. AGE (In years last birthday) <b>73</b>		10. BIRTHPLACE (State or foreign country) <b>Illinois</b>	
11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13a. FATHER'S NAME <b>Charles Stock</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia Jenning</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles Pfaff</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>None</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Dora E. Pfaff 4890 Farlin St. Louis Mo.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Hypoxia - to Asphyxia</b> ANTECEDENT CAUSES DUE TO (b) <b>Pneumectomy left in 1945</b> DUE TO (c) <b>Myxo fibrina of Pleura followed by invasion of pt. lung.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>227X</b>		22. I hereby certify that I attended the deceased from <b>1-13</b> , 19 <b>45</b> , to <b>9/20</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>9/19</b> , 19 <b>53</b> , and that death occurred at <b>2:40</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>W. Russell</b>		23b. ADDRESS <b>m 54 3720 Washington</b>	
23c. DATE SIGNED <b>9/20/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>Sept 20 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mascoutah City</b>	
24d. LOCATION (City, town, or county) (State) <b>Mascoutah Ill.</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Charles Smith M.D. Emmet G. I. Moll Mascoutah, Ill.</b>	

DATE REC'D BY LOCAL REG.  
**SEP 21 1953**

REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

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.....

*Not Embalmed.*

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed *Emmet G. L. Moll*

Licensed Embalmer No. *2898*

P. O. Address *Mountain*

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.