

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7133**

FILED FEB 18 1954

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **543** Registrar's No. **193**

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| 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 township) Jennings | | c. CITY OR TOWN Jennings | |
| c. LENGTH OF STAY (In this place) 5 YEARS | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 6508 W. Florissant Ave/ | | e. STREET ADDRESS (If rural, give location) 6508 W. Florissant Ave. | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Herman | b. (Middle) J. | c. (Last) Pezold | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 20, 1954 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 7, 1900 | 9. AGE (In years last birthday) 53 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 2 HRS. Hours | Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur | 10b. KIND OF BUSINESS OR INDUSTRY St. Louis Screw Co. | 11. BIRTHPLACE (City and State or Foreign Country) Jennings, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME George Pezold | 13b. MOTHER'S MAIDEN NAME Margaret Jasper | 14. NAME OF HUSBAND OR WIFE Barbara (Nees) Pezold |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 488-26-2299 | 17. INFORMANT'S SIGNATURE OR NAME Barbara Pezold, 6508 W. Florissant A. | ADDRESS |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 6 mo |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminial carcinoma (bone) | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) NO DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from **6-4**, 19**43**, to **1-19**, 19**54**, that I last saw the deceased alive on **1-19-**, 19**54**, and that death occurred at **6:05a** m., from the causes and on the date stated above.

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| 23a. SIGNATURE Russell Glauer (Degree or title) | 23b. ADDRESS 207 4032nd W Florissant Ave | 23c. DATE SIGNED 1-21-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Jan. 23, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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| DATE REC'D BY LOCAL REG. 1/22/54 | REGISTRAR'S SIGNATURE Herbert B. Spence MD | 25. FUNERAL DIRECTOR'S SIGNATURE Cullinane Bros. | ADDRESS 3320 N. Kingshighway |
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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.....
Signature of Student Embalmer

Signed *Fred Frick*.....

Licensed Embalmer No.....31

P. O. Address...St..Louis,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.