

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25085**
Registrar's No. **6805**

FILED AUG 2 - 1954

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis, Ill. 7/19/54	
c. LENGTH OF STAY (In this place) 6 Days		d. STREET ADDRESS (If rural, give location) 1036 Mc Casland	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Inf.			
3. NAME OF DECEASED (Type or Print) Deedon		a. (First) Deedon	b. (Middle) Pirtle
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) July 22, 1954	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 15, 1888
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 7 Days 7	IF UNDER 1 MO. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY Unemployed	11. BIRTHPLACE (State or foreign country) Toone Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Noah Pirtle		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lucile Pirtle
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. no	17. INFORMANT'S SIGNATURE OR NAME Margella Pirtle ADDRESS 1838 Mc Casland
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lympho sarcoma		INTERVAL BETWEEN ONSET AND DEATH 3 wks	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (b)			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Bladder Neck Obstruction. 10 yrs	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 200 ft	
22. I hereby certify that I attended the deceased from 7-12 , 19 54 , to 7-22 , 19 54 , that I last saw the deceased alive on 7-21 , 19 54 , and that death occurred at 11 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Merle B. Herford M.D.		23b. ADDRESS 918 N. Taylor	23c. DATE SIGNED 7-22-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-23-54	24c. NAME OF CEMETERY OR CREMATORY E. St. Louis, Ill.	24d. LOCATION (City, town, or county) (State) E. St. Louis, Ill.
DATE REC'D BY LOCAL REG. JUL 23 1954	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE J. G. Higgins ADDRESS 1036 Underhill E. St. Louis, Ill.	

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Ben H Baldwin

Signed.....
Student Embalmer

Licensed Embalmer No. 2470

P. O. Address St Louis Ill

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.