

STANDARD CERTIFICATE OF DEATH

26460

State File No.

FILED JUL 26 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6313**

| | | | | | | | | |
|--|--|--|---|--|---|--|--|--|
| 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 OR TOWN ST. LOUIS | | 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 25 CITY HOSPITAL | | | e. STREET ADDRESS (If rural, give location) 2247 02823 LYON ST | | | | | |
| 3. NAME OF DECEASED (Type or Print) SARAH | | | a. (First) | | b. (Middle) | | | |
| c. (Last) PIRKEY | | | 4. DATE OF DEATH (Month) (Day) (Year) JULY 5 1957 | | | | | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH APRIL 10 1882 | | |
| 9. AGE (In years last birthday) 75 | | IF UNDER 1 YEAR | | IF UNDER 24 HRS. | | 12. CITIZEN OF WHAT COUNTRY? U-S-A | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK | | | 10b. KIND OF BUSINESS OR INDUSTRY AT HOME | | 11. BIRTHPLACE (City and State or Foreign Country) MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U-S-A | |
| 13a. FATHER'S NAME WILLIAM STEWART | | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | | 14. NAME OF HUSBAND OR WIFE OSCAR C PIRKEY | | |
| 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. NONE | | 17. INFORMANT'S SIGNATURE OR NAME OSCAR C PIRKEY ADDRESS 2823 LYON 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | | ANTECEDENT CAUSES | | | | | |
| | | | 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 | | | | | |
| | | | Conditions contributing to the death but not related to the disease or condition causing death. 334X | | | | | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:51 P.M. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Joseph M. Zund (Degree or title) | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 7/8/57 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE JULY 8 1957 | | 24c. NAME OF CEMETERY OR CREMATORY CHARTER BAPTIST CEM. PLATTIN | | 24d. LOCATION (City, town, or county) (State) MO | | |
| DATE REC'D BY LOCAL REG. JUL 8 '57 | | REGISTRAR'S SIGNATURE Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutia ADDRESS 2906 Grannis | | | | |

(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.....
Licensed Embalmer No. 398

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.