

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030848

STATE FILE NUMBER

8076

FILED AUG 28 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DESLOGE HOSPITAL 1/2 HRS. 9th ST.</u>		Length of stay in lb		d. STREET (If outside, give location) ADDRESS <u>1302 S. 9th ST.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM J. PFAU</u>			4. DATE OF DEATH Month Day Year <u>AUG. 18 58</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 19, 1882</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE CUTTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED 3 YRS</u>		11. BIRTHPLACE (City and state or country) <u>LOUISVILLE, KENTUCKY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>DON'T KNOW</u>		13b. MOTHER'S MAIDEN NAME <u>DON'T KNOW</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>492-05-8859</u>	
17. INFORMANT <u>WILLIAM J. PFAU</u>		Address <u>603 W MARSHALL FERNDALE, MICHIGAN</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>UPPER GASTROINTESTINAL HEMORRHAGE</u> DUE TO (b) <u>UREMIA due to lymphomatosus & prostatic hypertrophy</u> DUE TO (c) <u>Dilatation</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>610x</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>7:45 am 8/18</u> to <u>9:35 am 8/18</u> and last saw her alive on <u>8/18</u> Death occurred at <u>7:59 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Dr. Kenneth E. Walter M.D.</u>			
22b. ADDRESS <u>1325 S. Grand.</u>		22c. DATE SIGNED <u>8/19/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
23b. DATE <u>8/19/58</u>		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <u>LOUISVILLE, KENTUCKY</u>	
24. FUNERAL DIRECTOR <u>GEBKEN-BENZ 284 YME RAMEL ST.</u>		25. DATE RECD. BY LOCAL REG. <u>AUG 19 58</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, MD</u>	
ST. LOUIS 18, MO.		(Licensed Embalmer's Statement on Reverse Side)			

MEDICAL CERTIFICATION

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 *Joe S Benz*

Licensed Embalmer No. *4249*

P. O. Address *2842 Mcran*

St Louis 18

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.