

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019521

State File No. \_\_\_\_\_

FILED MAY 18 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. **2 4441**

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>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>House Springs</b>	
c. LENGTH OF STAY (in this place) <b>5 hr 9 min</b>		d. STREET ADDRESS (If rural, give location) <b>Humming Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Evangelical Deaconess Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Paul</b> b. (Middle) <b>Alfred</b> c. (Last) <b>Piffel</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 - 4 - 1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>N.M.</b>	8. DATE OF BIRTH <b>May 4, 1959</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>
13a. FATHER'S NAME <b>Paul David Piffel</b>		13b. MOTHER'S MAIDEN NAME <b>Christine Ann Peterson</b>	
14. NAME OF HUSBAND OR WIFE		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Paul David Piffel</b>		ADDRESS <b>Humming Road House Springs, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 hr 9 min</b>
	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.  <b>776x</b>		

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) (Min.)	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 **May 4, 1959**, to **May 7, 1959**, that I last saw the deceased alive on **8:30 PM May 4, 1959**, and that death occurred at **8:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Herman W. Cross, M.D.</b>	(Degree or title) <b>D.</b>	23b. ADDRESS <b>St. Louis, Mo 4401 Hampton Ave.</b>	23c. DATE SIGNED <b>5/4/59</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5-7-59</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Mo.</b>

DATE REC'D BY LOCAL REG. <b>MAY 6 59</b>	REGISTRAR'S SIGNATURE <b>Paul Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker-Aldrich, Webster Groves</b>	ADDRESS <b>Webster Groves</b>
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*2-18-59* (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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Wheter Groves*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.