Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-019522
STATE FILE NUMBER
2 4553

FILED MAY 22 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St/Louis Children's — Length of stay in Hospital: 2 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Marion
c. CITY OR TOWN: Taylor — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 0648 — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Sandra — Middle: Sue — Last: Pindell
4. DATE OF DEATH: Month: May — Day: 8 — Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Jan. 30, 1948
9. AGE (In years last birthday): 11yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Quincy, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: Russell Pindell
13b. MOTHER'S MAIDEN NAME: Wanda Bronstine
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Jane Henrichsen — Address: 500 S, Kingshighway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 3 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CHRONIC GLOMERULONEPHRITIS
DUE TO (c) 592 x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): OLD INFARCT OF BRAIN.
19. WAS AUTOPSY PERFORMED? YES [✓] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 4-23-59, to 5-8-59 and last saw her/him alive on 5-8-59
Death occurred at 9:52 pm on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Richard Spitz M.D. — Richard Spitz, M.D.
22b. ADDRESS: 500 S. Kingshighway
22c. DATE SIGNED: 5-8-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-9-1959
23c. NAME OF CEMETERY OR CREMATORY: Local Cemetery
23d. LOCATION (City, town, or county) (State): LaGrange, Missouri
24. FUNERAL DIRECTOR: Albert H. Hoppe — ADDRESS: 4700 Washington
25. DATE RECD. BY LOCAL REG.: MAY 9 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. L.

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.