JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-017915

STATE FILE NUMBER

FILED VS MAY 12 1960

ENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1436

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lemay
Length of stay in 1b: MONS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mt St Rose Hospital
Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St Louis
Inside Limits: Yes # No ☐
d. STREET ADDRESS (If outside, give location): 1841 A S 9th Street
Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First: Julius Middle: J Last: Pfaff

4. DATE OF DEATH: Month: April Day: 29 Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married # Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5/2/03

9. AGE (last birthday): 56

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Treer

10b. KIND OF BUSINESS OR INDUSTRY: Shoe

11. BIRTHPLACE (City and state or country): Carlinville Ill

12. CITIZEN OF WHAT COUNTRY: U S

13a. FATHER'S NAME: Adolph Pfaff

13b. MOTHER'S MAIDEN NAME: Philomena Straub

14. NAME OF HUSBAND OR WIFE: Rose

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.:

17. INFORMANT: Rose Pfaff Address: 1841 A S 9th Street

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) CARCINOMA OF LUNG WITH METASTASES — INTERVAL BETWEEN ONSET AND DEATH: 9 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): PULMONARY TUBERCUCOSIS
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Oct. 1959, to Apr. 25, 1960 and last saw her/him alive on April 25, 1960
Death occurred at 8:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Herbert C Sweet (Degree or title) MD

22b. ADDRESS: 508 N. Grand

22c. DATE SIGNED: 4-30/60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 5/3/60

23c. NAME OF CEMETERY OR CREMATORY: New Picker Cemetery

23d. LOCATION (City, town, or county) (State): St Louis Missouri

24. FUNERAL DIRECTOR: Moydell Funeral Home ADDRESS: 1926 Allen

25. DATE RECD. BY LOCAL REG.: MAY 2 1960

26. REGISTRAR'S SIGNATURE: Lin C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Sidney R. Fuller Jr

Licensed Embalmer No. 4950

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.