JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

EILED VS AUG 1 0 1960

-60-028706
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6707

NDED

1. PLACE OF DEATH
a. COUNTY —
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST LOUIS
Length of stay in 1b: 3-HRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DEACONESS
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: ST LOUIS
c. CITY OR TOWN: WEBSTER GROVES 19
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 214 E GLENDALE RD
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First FRED Middle A Last PIFFEL
4. DATE OF DEATH: Month 7 Day 1 Year 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-24-01
9. AGE (last birthday): 58
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): STREET EMPLOYEE
10b. KIND OF BUSINESS OR INDUSTRY: WEBSTER GROVES MO
11. BIRTHPLACE (City and state or country): VIENNA AUSTRIA
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: OTTO PIFFEL
13b. MOTHER'S MAIDEN NAME: EMMA PIFFEL
14. NAME OF HUSBAND OR WIFE: MARY MIKES PIFFEL
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.: 499-01-5913
17. INFORMANT: Mary Piffel
Address: 214 E. Glendale Rd St Louis 19 Mo

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): Laennec Cirrhosis of liver
INTERVAL BETWEEN ONSET AND DEATH: 3 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 581.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 4-25-60, to 7-1-60. and last saw ~~her~~ him alive on 6-24-60.
Death occurred at 1:30 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Bert H Klein (Degree or Title) MD
22b. ADDRESS: 2632 S. Kingshighway
22c. DATE SIGNED: 7-1-60.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 7-5-1960
23c. NAME OF CEMETERY OR CREMATORY: OAK HILL CEMETERY
23d. LOCATION (City, town, or county): KIRKWOOD (State): MO 22

24. FUNERAL DIRECTOR: MITTELBERG
ADDRESS: WEBSTER GROVES MO
25. DATE RECD. BY LOCAL REG.: JUL 2 1960
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D. MJB

(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_____ Signed Harry E. Monroe

Signature of Student Embalmer

Licensed Embalmer No. 4495

P. O. Address St. Louis, M

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.