

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-012076

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 682
 AMENDED FILED MAR 30 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Length of stay in 1b 5 weeks		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 230 N. Boyle Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First NELLIE Middle PFEIFFER Last				4. DATE OF DEATH Month March Day 9 Year 1961											
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-17-1886		9. AGE (last birthday) 72		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) Ret. Cafeteria worker				10b. KIND OF BUSINESS OR INDUSTRY State Hosp.		11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME John Carner				13b. MOTHER'S MAIDEN NAME Sofrona Westbrook				14. NAME OF HUSBAND OR WIFE Widowed							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None						17. INFORMANT Address Mrs. Chas. Carner, 2111 E. Obear									
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 testes										INTERVAL BETWEEN ONSET AND DEATH One yr.					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Carcinoma of colon										1 yr.					
DUE TO (c) 153.8															
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 WORK <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 June 1960 Mar. 9, 1961 and last saw ^{her} alive on Mar 9, 1961 Death occurred at 3 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) W.C. Macdonald MD						22b. ADDRESS 4161 Lindell				22c. DATE SIGNED 3-10-61					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-13-1961		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				23d. LOCATION (City, town, or county) (State) St. Louis, Missouri							
24. FUNERAL DIRECTOR ADDRESS Stock Mortuaries, 2117 E. Grand Bl.						25. DATE RECD. BY LOCAL REG. 3-11-61		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.							

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 Paul G. Wachter

Licensed Embalmer No. 47877
P. O. Address St Louis Mo

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.