

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042484

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 6079 Registrar's No. 45

FILED OCT 23 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

1 0950

2 0950

3 1

4 1

5 1

6

7 0

8 0

9 9522X

10

11

12 1299-2

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RR # 2</u>		c. CITY OR TOWN <u>STE. GENEVIEVE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STE. GENEVIEVE, MO.</u>		d. STREET ADDRESS (If outside, give location) <u>RR # 2</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>ELIZABETH ANN PFAFF</u>			4. DATE OF DEATH Month Day Year <u>OCT. 18 1963</u>			
--	--	--	---	--	--	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/31/1811</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and state or country) <u>STE. GENEVIEVE</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>MATHIAS ARMBRUSTER</u>	13b. MOTHER'S MAIDEN NAME <u>CHRISTINE WENBERY</u>	14. NAME OF HUSBAND OR WIFE <u>FRANK X. PFAFF</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>	17. INFORMANT <u>Mrs. Simon Bauman - Ste. Genevieve, Mo.</u>
---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>HYPOSTATIC PNEUMONIA</u>		
DUE TO (b) <u>DEBILITY AND INANITION</u>		
DUE TO (c) _____		

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 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 a.m. Month, Day, Year 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 8-24-63 to 10-18-63 and last saw her alive on 10-16-63  
Death occurred at 11:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Stanley N. Glick D.O.</u>	22b. ADDRESS <u>690 ROZIER STE. GENEVIEVE, MO</u>	22c. DATE SIGNED (State) <u>10/19/63</u>
--	--	---

23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10/21/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH'S CEMETERY - Zell, Missouri</u>	23d. LOCATION (City, town, or county)
---	------------------------------	---	---------------------------------------

24. FUNERAL DIRECTOR <u>BASLER FUNERAL HOME</u>	ADDRESS <u>STE. GENEVIEVE, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>19 October 1963</u>	26. REGISTRAR'S SIGNATURE <u>George F. Wood</u>
--	---------------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

**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

*Adrian J. Ehler*

Licensed Embalmer No. 4740

P. O. Address St. Genevieve, 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.