

No. 300
10-48

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10514**

2177

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE 222 b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) RR #1 - Granite City, Mo	
c. LENGTH OF STAY (in this place) 19 days		d. STREET ADDRESS (If rural, give location) 20	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis Childrens		e. DATE OF DEATH (Month) (Day) (Year) 3 7 49	

3. NAME OF DECEASED (Type or Print) a. (First) Brenda b. (Middle) Sue c. (Last) Pence			4. DATE OF DEATH (Month) (Day) (Year) 3 7 49		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) U	
8. DATE OF BIRTH 12-15-48		9. AGE (In years last birthday) Months Days Hours Min. 2 20		10. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Granite City, Mo	

13a. FATHER'S NAME Edward Pence		13b. MOTHER'S MAIDEN NAME Mary Aaron		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Edward Pence Granite City, Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Dis - 2		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) 157			
DUE TO (c) 7.5.49		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **2-16**, 19**49**, to **3-7**, 19**49**, that I last saw the deceased alive on **3-7**, 19**49**, and that death occurred at **6:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm G Klingberg M.D.		23b. ADDRESS Childrens Hospital		23c. DATE SIGNED 3-7-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-9-49		24c. NAME OF CEMETERY OR CREMATORY Summer Hill Cem	
				24d. LOCATION (City, town, or county) (State) Edwardsville, Mo	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE WAR 9 1949 J B Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis Funeral Home Granite City, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2172

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
Student Embalmer

Signed Ronald D. Yehurke.....

Licensed Embalmer No. 3917.....

P. O. Address W. Harris.....

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 this body is not embalmed, fact should be so stated above.