

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31497

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>305</u>		PRIMARY REG. DIST. NO. <u>6047</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Charles		b. CITY (If outside corporate limits, write RURAL and give township) O'Fallon Rural		c. LENGTH OF STAY (in this place) 1 day		d. FULL NAME OF HOSPITAL OR INSTITUTION -----	
a. STATE Missouri		b. COUNTY St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 4529 Shaw		d. STREET ADDRESS (If rural, give location) St. Louis Mo.	
3. NAME OF DECEASED (Type or Print)		a. (First) Floy		b. (Middle) John		c. (Last) Pace	
4. DATE OF DEATH		(Month) (Day) (Year) Sept. 5 '49		5. SEX Male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		married		8. DATE OF BIRTH June 5 1910		9. AGE (In years last birthday) Months Days 39	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Machine Operator		11. BIRTHPLACE (State or foreign country) Marktree Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Arthur Pace		13b. MOTHER'S MAIDEN NAME Denham		14. NAME OF HUSBAND OR WIFE Mrs. Floy Pace (Walters)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes World War 2		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Arthur Pace 4525 Shaw St. Louis			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Drowned					
ANTECEDENT CAUSES		accident					
DUE TO (b)		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c)						69274	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				42	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hotel, etc.) River-Quivre		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Quivre St. Charles Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 5 1949 7:00 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR accident-drowning 92			
22. I hereby certify that I attended the deceased from <u>9/6/49</u> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Martin F. Huff				23b. ADDRESS Wentzville, Mo.		23c. DATE SIGNED 9/6/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 10 '49		24c. NAME OF CEMETERY OR CREMATORY: Memorial Park		24d. LOCATION (City, town, or county) (State) Lucas-Hunt R., St. Louis	
DATE REC'D BY LOCAL REG. Sept 9 1949		REGISTRAR'S SIGNATURE Martin F. Huff		25. FUNERAL DIRECTOR'S SIGNATURE Kriegelbauer's Mortuary		ADDRESS 42285 Kingshighway St. Louis Mo.	

DEC 9 1949

DEC 13 1949

SEP 21 1949

RECEIVED SEP 13 1949  
District Health Officer No. 9,  
District File Number.....

SEP 19 1949

**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.

Signed.....  
Student Embalmer

Signed.....

Licensed Embalmer No. 822

P. O. Address Fallon 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 this body is not embalmed, fact should be so stated above.