

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2879
465

FILED JAN 26 1951

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 7033 Mardel	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hosp.			

3. NAME OF DECEASED a. (First) John b. (Middle) c. (Last) Pfautch		4. DATE OF DEATH (Month) (Day) (Year) Jan 15 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2	8. DATE OF BIRTH Feb. 16, 1871
9. AGE (In years last birthday) 79		10. DATE OF BIRTH (If under 1 year: Months, Days, Hours, Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dark Dept.		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis	
11. BIRTHPLACE (State or foreign country) Columbus, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lena	
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. 491-18-0179		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur J. Pfautch-7033 Mardel	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5-6 hours	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		5-6 hours	
		DUE TO (b) Pulmonary edema			
		DUE TO (c) Arteriosclerotic Heart Disease			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR H200	

22. I hereby certify that I attended the deceased from Jan 13, 1951, to Jan 15, 1951, that I last saw the deceased alive on Jan 15, 1951, and that death occurred at 4:50 p.m.; from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. R. Bradley, M.D.		23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 1-15-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/18/51		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
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DATE REC'D BY LOCAL REG. JAN 16 1951		REGISTRAR'S SIGNATURE J. B. Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Weldert 3634 Gravois	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

[Handwritten signature]

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Robert Wheeler*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *2128*.....

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