

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 Date File No. 6509
953

318

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		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 St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 5 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4336			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 6625 Waterman Blv'd., 1			
3. NAME OF DECEASED (Type or Print) CHARLES		a. (First)		b. (Middle) DAVID		c. (Last) PANTLE	
5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /		8. DATE OF BIRTH Sept. 18, 1891	
9. AGE (in years last birthday) 59		IF UNDER 1 YEAR Days 4		IF UNDER 10 HRS. Hours 10		IF UNDER 60 MIN. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) manager		10b. KIND OF BUSINESS OR INDUSTRY Christian Br. of Education		11. BIRTHPLACE (State or foreign country) Atchinson, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Pantle		13b. MOTHER'S MAIDEN NAME Bessie Reder		14. NAME OF HUSBAND OR WIFE Minnie Pantle			
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. 702-10-0020		17. INFORMANT'S SIGNATURE OR NAME Minnie Pantle - 6625 Waterman Blv'd.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MYCARDIAL INFARCT ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO (c) ARTERIOSCLEROTIC HEARTS DISEASE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 HRS 10 YRS 10 YRS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 23, 1951, to JAN 28, 1951, that I last saw the deceased alive on JAN 28, 1951, and that death occurred at 2:40 p.m., from the causes and on the date stated above.							
23a. SIGNATURE F. R. Bradley (Degree or title) MD				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 1/28/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-31-51		24c. NAME OF CEMETERY OR CREMATORY Mt. Vernon		24d. LOCATION (City, town, or county) (State) Atchinson, Kansas	
DATE REC'D BY LOCAL REG. JAN 30 1951		REGISTRAR'S SIGNATURE J. B. Lanter		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons - 7233 Delmar Blv'd., University City, Mo.			

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

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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.....
Student Embalmer

Signed *Melvin J. Kemper*.....

Licensed Embalmer No. *4052*.....

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