

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21379

State File No. 5316

318

1003

5316

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>today</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2199</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4475 West Pine Blvd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u> b. (Middle) <u>William</u> c. (Last) <u>Pace</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 1951</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 8 1893</u>		9. AGE (In years last birthday) <u>57</u> If under 1 year: Months Days If under 2 hrs: Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gen. Mgr. - Western Dist. Mo. Pac. R.R.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gen. Mgr. - Western Dist. Mo. Pac. R.R.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Knobnoster, Mo.</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William F. PACE</u>		13b. MOTHER'S MAIDEN NAME <u>Phoebe Glenn</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Rose Dirckx Pace</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-14-2840</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Rose Pace; 4475 West Pine</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>adenocarcinoma of thyroid</u> ANTECEDENT CAUSES <u>&amp; metastasis to spine &amp; rib</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
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)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>194X</u>			
22. I hereby certify that I attended the deceased from <u>April 12, 1951</u> , to <u>June 11, 1951</u> , that I last saw the deceased alive on <u>June 11, 1951</u> , and that death occurred at <u>6:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Blond Roberts M.D.</u>				23b. ADDRESS <u>Mo. Pac. Hosp.</u>		23c. DATE SIGNED <u>Jun 11 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-12-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McGirks Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McGirks, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>JUN 11 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 18 1961

SEP 1 1961

JUN 23 1961

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

*Arnold W. Schoene*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

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.