FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21612

State File No.

BIRTH NO. 34415-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2175

1. PLACE OF DEATH

a. COUNTY: St. Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights

c. LENGTH OF STAY (in this place): 3 hrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Mo

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2109

d. STREET ADDRESS (If rural, give location): 3617 Kossuth

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) William c. (Last) Pansky

4. DATE OF DEATH (Month) May (Day) 14 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —

8. DATE OF BIRTH 5-13-51

9. AGE (In years last birthday): 3 hrs. IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: 3 Min.:

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): Richmond Heights Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward Wm Pansky

13b. MOTHER'S MAIDEN NAME Bettie Cullan

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Edward Wm Pansky 3617 Kossuth

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) Prematurity — 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) Premature Separation of Placenta

DUE TO (c) Low Lying placenta

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: 761.5

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 14, 1951, *to* May 14, 1951, *that I last saw the deceased alive on* May 14, 1951, *and that death occurred at* 12:050 m., *from the causes and on the date stated above.*

23a. SIGNATURE Thomas Miel (Degree or title) MD

23b. ADDRESS 600 N Grand

23c. DATE SIGNED May 14, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE May 15, 1951

24c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel

24d. LOCATION (City, town, or county) (State): E. St. Louis, Ill.

DATE REC'D BY LOCAL REG. 5-14-51

REGISTRAR'S SIGNATURE Herbert R. Domke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Alexander & Sons 6175 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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

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 No Embalming

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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