

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 25117
Registrar's No. 5645

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|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 5645 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2089 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens Hosp | | | | d. STREET ADDRESS (If rural, give location) 555 Baden | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Mary | | b. (Middle) Kathryn | | c. (Last) Pfeiffer | |
| 4. DATE OF DEATH (Month) (Day) (Year) 6 20 51 | | 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | |
| 8. DATE OF BIRTH 8-18-40 | | 9. AGE (In years last birthday) 10 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | |
| 11. BIRTHPLACE (State or foreign country) St. Louis | | | | 12. CITIZEN OF WHAT COUNTRY? _____ | | | |
| 13a. FATHER'S NAME Charles E Pfeiffer | | 13b. MOTHER'S MAIDEN NAME Mary Rudy | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Charles E. Pfeiffer, 555 Baden Ave., | | | |
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myelogenous Leukemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH 6 mo. | |
| 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? 204.1 | | | | 22. I hereby certify that I attended the deceased from 6-19- , 1951, to 6-20 , 1951, that I last saw the deceased alive on 6-20 , 1951, and that death occurred at 10:25 A.M. , from the causes and on the date stated above. | |
| 23a. SIGNATURE Don L. Thurston MD. | | (Degree or title) 0 | | 23b. ADDRESS 500 S Kingshighway | | 23c. DATE SIGNED 6/20/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 6/23/51 | | 24c. NAME OF CEMETERY OR CREMATORY St. Pauls Church Yard | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J B Lasater | | 25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home | | ADDRESS 8319 Hallsferry | | | |

(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 Me

working under my personal supervision.

Student Embalmer No.....

Signed George W. Wilkerson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

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.