

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39582

FILED DEC 8- 1951

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 10566
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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5120 Wells Ave		STREET ADDRESS (If rural, give location) 5120 Wells Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) Rebecca b. (Middle) J. c. (Last) Pirtle		4. DATE OF DEATH (Month) (Day) (Year) 11 - 26 - 51		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 2 1887	9. AGE (In years last birthday) 94 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME Peter Howerton		13b. MOTHER'S MAIDEN NAME Catherine Pyle		14. NAME OF HUSBAND OR WIFE Charles Pirtle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Weigel, 5120 Wells
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Arteriosclerosis ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute failure - Age. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Years 4 2 wks
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H22-1
22. I hereby certify that I attended the deceased from <u>10/19/51</u> , to <u>Nov. 26, 1951</u> , that I last saw the deceased alive on <u>Nov. 23, 1951</u> , and that death occurred at <u>5:35 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE Theodore Clark		23b. ADDRESS 410 1/2 864 Hamilton Bld. St. Louis 12		23c. DATE SIGNED 11-27-51
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11/28/51		24c. NAME OF CEMETERY OR CREMATORY Valhalla
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral, 1905 Union Blvd.		
DATE REC'D BY LOCAL REG. NOV 28 1951		REGISTRAR'S SIGNATURE M D		

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Fred Clark  
864 Hamilton Ave.

(1 to 4)

**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 \_\_\_\_\_  
\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address \_\_\_\_\_

**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.