

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43243

State File No. \_\_\_\_\_

~~FILED~~ JAN 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11766

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2120</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1109 <del>911</del> Walton Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude</u> b. (Middle) <u>MAUD</u> c. (Last) <u>Pence</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>June 4, 1980</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Practical Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>REGISTERED</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William H. Pence</u>	
13b. MOTHER'S MAIDEN NAME <u>Malissa A. Mayfield</u>		14. NAME OF HUSBAND OR WIFE _____	
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>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Maude White</u>		ADDRESS <u>1109 <del>911</del> Walton Ave.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the cause of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac De-compensation</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		<u>6 years</u>	
DUE TO (c) <u>Generalized Arteriosclerosis</u>		<u>over 6 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Infarction</u>		<u>1948</u>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>H200</u>		22. I hereby certify that I attended the deceased from <u>May 1947</u> , to <u>Dec. 31, 1951</u> , that I last saw the deceased alive on <u>Dec. 31, 1951</u> , and that death occurred at <u>6:05p</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>David M. Skilling, Jr. M.D.</u>		23b. ADDRESS	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>1-2-52</u>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) <u>Lewisport, Ky.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred M. Williams, 4535 Washington Blvd.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 2 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>	

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

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Ettonne Remeles

Licensed Embalmer No. 4283

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

43243

State of \_\_\_\_\_ }  
County of St. Louis } ss.

State File No. \_\_\_\_\_  
Local Registrar's No. 11766

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 11th day of Feb., 1952, before me appears \_\_\_\_\_  
Mr. L. Meyer (Funeral Director), who, upon his oath, states that the original record of ~~birth~~ death  
for Maud Pence died Dec. 31st, 1951, in the State of  
Missouri, and which was filed at St. Louis, Mo. on Jan. 2., 1952., should be corrected as follows:

Item No. 2d should read 1109 Walton

Instead of 911 Walton

Item No. 3a should read Maud

Instead of Maude

Item No. 10a should read Registered Nurse

Instead of Practical nurse

Item No. 17 should read 1109 Walton

Instead of 911 Walton

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

*L. Meyer*

Funeral  
Director  
Relationship.

4700 Washington Blvd.  
Present Address.

Subscribed and sworn to before me this 6 day of Feb., 1952

3-4-57

*Conrad Paddock*

My Commission expires \_\_\_\_\_ Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.