

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3176**  
Registrar's No. **0838**

FILED FEB 14 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Illinois</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS, Mo.</i>		c. LENGTH OF STAY (in this place) <i>10 days</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis Children's Hospital</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Louisville</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Brenda</i> b. (Middle) <i>May</i> c. (Last) <i>Pagel</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>1 27 52</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>0</i>	8. DATE OF BIRTH <i>5-23-49</i>
9. AGE (In years last birthday) <i>2</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <i>Dietrich Ill. 1</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Albert W. Pagel</i>		13b. MOTHER'S MAIDEN NAME <i>Bernice Kubring</i>	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)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>L. Aubich 500 S. Kingshighway</i>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Tetology of Fallot</i> INTERVAL BETWEEN ONSET AND DEATH <i>Congenital</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			
19a. DATE OF OPERATION <i>4-6-51</i>	19b. MAJOR FINDINGS OF OPERATION <i>Pulmonary valvular stenosis</i>		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 <i>75 ft. 0</i>	
22. I hereby certify that I attended the deceased from <i>1-17 1952</i> to <i>1-27 1952</i> , that I last saw the deceased alive on <i>1-27 1952</i> and that death occurred at <i>8:50 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Dr. L. Johnston M.D.</i> (Degree or title)		23b. ADDRESS <i>Childrens Hospital</i>	23c. DATE SIGNED <i>1-28-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	24b. DATE <i>1-28-52</i>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <i>EFFINGHAM ILL. NO. 1</i>
DATE REC'D BY LOCAL REG. <i>JAN 28 1952</i>	REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Johnston Funeral Home Effingham Ill</i>	

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

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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..... *Frank Brownoff* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4356* .....

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.