

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16658

44000
11

DECEASED MAY 9 1953

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1226

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eureka		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eureka 4740	
c. LENGTH OF STAY (In this place) 8 years		d. STREET ADDRESS (If rural, give location) rural 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence - Rural			
3. NAME OF DECEASED (Type or Print) a. (First) ALMEDA		b. (Middle) MAY	
		c. (Last) PARK	
4. DATE OF DEATH (Month) (Day) (Year) 4 29 53			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: (Specify) widowed 12	8. DATE OF BIRTH Oct. 20, 1860
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	11. BIRTHPLACE (City and State or Foreign Country) Detroit, Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY House wife	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George C. Pitzer		13b. MOTHER'S MAIDEN NAME Martha Murphy	
14. NAME OF HUSBAND OR WIFE Matthew Park			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Dr. George M. Park, Eureka, Mo.		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis 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		19b. MAJOR FINDINGS OF OPERATION 4222	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from 19 22 to April 29, 1953, that I last saw the deceased alive on April 29, 1953, and that death occurred at 9 A. M., from the causes and on the date stated above.			
23a. SIGNATURE W. S. Brown, M.D.		23b. ADDRESS 3903 Olive	
23c. DATE SIGNED 4/29/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-29-53	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 4-30-53		REGISTRAR'S SIGNATURE Hecketh R. D...-M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C. R. LUPTON & SONS-7233 Delmar Blv'd.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

Stallberg

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 *Arnold W. Schaefer*

Licensed Embalmer No. *3864*

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.