

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26779

State File No.

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6245

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 Missouri b. COUNTY | |
| b. CITY OR TOWN St. Louis, Mo. | | c. CITY OR TOWN St. Louis | |
| c. LENGTH OF STAY (in this place) 1 Week | | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital | | e. STREET ADDRESS (If rural, give location) 4517 North 2nd Street | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Katie b. (Middle) M. c. (Last) Pfannebecker | | 4. DATE OF DEATH (Month) (Day) (Year) June, 22, 1953 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Aug. 29, 1865 |
| 9. AGE (In years last birthday) 87 | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and State or Foreign Country) Illinois |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME John Keifer, | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Deceased | |
| 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. Unknown | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Jessie J. Pfannebecker, 4517 N. 2nd St |
| 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) Lr of right hip. Arteriosclerosis when she fell from a chair in her ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) same, about 145 am on June 16 1953 DUE TO (c) Accident | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Accident | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT (Specify) Accident | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, mine, street, etc.) Home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 16 5:45 PM | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? E9020 | | 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:20 AM , from the causes and on the date stated above. 21 | |
| 23a. SIGNATURE (Degree or title) Chas. Perry Registrar | | 23b. ADDRESS 1300 Clark | |
| 23c. DATE SIGNED 6/23/53 | | 24a. BURIAL CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 6-25-1953 | | 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. & San Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc. 2161 E. Fair Ave. | |
| DATE REC'D BY LOCAL REG. JUN 23 1953 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | |

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.....
Signature of Student Embalmer

Signed *Welford G Burnley*.....
Licensed Embalmer No. *4020*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.