.S. No. 300
EV. 10-48

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

FILED DEC 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40970

State File No. 11302

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MISSOURI
c. LENGTH OF STAY (In this place): 9-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: 2119
c. CITY OR TOWN: St.Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 0
e. STREET ADDRESS (If rural, give location): 3046 Magazine Street

3. NAME OF DECEASED (Type or Print)
a. (First): BLANCHE
b. (Middle):
c. (Last): PAIRN

4. DATE OF DEATH (Month) 11 - (Day) 28 - (Year) 53

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S. 0
8. DATE OF BIRTH: Dec.24,1891
9. AGE (In years last birthday): 61 — If under 1 year: Months 11, Days 4 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St.Louis,Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Charles Pairn
13b. MOTHER'S MAIDEN NAME: Bertha Eschelbach
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: not known
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs.Margaret Miller,5553 Sunbury

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSES — INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) THROMBOTIC THROMBOCYTOPENIC PURPURA — 3 WEEKS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* ORTHOSTATIC PNEUMONIA — 1 WEEK

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 296x
20. AUTOPSY? YES [X] NO [ ]

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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-19, 1953, *to* 11-28, 1953, *that I last saw the deceased alive on* 11-28, 1953, *and that death occurred at* 7:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: FR Bradley 0 (Degree or title): M.D.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 11-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec.1,1953
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis,Mo.

DATE REC'D BY LOCAL REG.: NOV 30 1953
REGISTRAR'S SIGNATURE: J. Earl Smith
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Arthur J. Donnelly — 3840 Lindell Blvd.
G.P.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by ~~me, or by~~ me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... [signature]

Licensed Embalmer No. 469

P. O. Address St Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.