

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44276

State File No.

11803

V. S. No. 300
REV. 10-48

FILED JAN 5 1954

BIRTH NO. 72841 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> | | c. CITY OR TOWN <u>St. Louis, Mo.</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>Life</u> | | e. STREET ADDRESS (If rural, give location) <u>222 1222 S. 18th.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute To City Hospital</u> | | | |

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|------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Jackie</u> b. (Middle) <u>Lynn</u> c. (Last) <u>Iepfert</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>December 13, 1953</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>10-11-1953</u> | 9. AGE (In years last birthday) | 10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | | |

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|---------------------------------------------|----------------------------------------------------|-----------------------------|
| 13a. FATHER'S NAME <u>Donald Iepfert</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary McFarland</u> | 14. NAME OF HUSBAND OR WIFE |
|---------------------------------------------|----------------------------------------------------|-----------------------------|

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|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vinita Oliphant, 1222 S. 18th. St. Louis,</u> | ADDRESS NO. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <u>Interstitial Pneumonitis</u> 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTO/SY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|----------------------------------------------------------------------------------|

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|----------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>492x</u> |

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 2:00 A m., from the causes and on the date stated above.

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|--------------------------------------------|-------------------|-----------------------------------|-------------------------------------|
| 23a. SIGNATURE <u>Patrick E. Taylor</u> | (Degree or title) | 23b. ADDRESS <u>1300 Clark</u> | 23c. DATE SIGNED <u>12/15/53</u> |
|--------------------------------------------|-------------------|-----------------------------------|-------------------------------------|

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|------------------------------------------|--------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION REMOVAL (Specify) | 24b. DATE <u>12-15-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> |
|------------------------------------------|--------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------|

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| DATE REC'D BY LOCAL REG. <u>DEC 14 1953</u> | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Funeral Home, Inc.</u> | ADDRESS <u>2301 Lafayette, St. Louis 4, Missouri</u> |
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(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 embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. G. Farris*.....

Licensed Embalmer No. *3384*.....
P. O. Address *2301 Lafayette*.....

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.