

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32082

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8321

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, | | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5706 W. Florissant | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) 5706 W. Florissant 20890 | |

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| 3. NAME OF DECEASED (Type or Print) Henry | a. (First) | b. (Middle) F. | c. (Last) Panhorst | 4. DATE OF DEATH (Month) (Day) (Year) Sep, 8 1954 |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug, 27, 1867 | 9. AGE (In years last birthday) 87 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill worker | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and State or Foreign Country) New Melle Mo 0 | 12. CITIZEN OF WHAT COUNTRY? U.S.A | |

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| 13a. FATHER'S NAME Henry Panhorst | 13b. MOTHER'S MAIDEN NAME Minnie Wenke | 14. NAME OF HUSBAND OR WIFE Amanda Panhorst |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 488 30 0434 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amanda Panhorst 5706 W. Florissant |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH UNKNOWN |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decomposition | II. OTHER SIGNIFICANT CONDITIONS Carcinoma of prostate | | |
| ANTECEDENT CAUSES Arteriosclerosis | *This does not mean the mode of dying, such as heart failure, asthenia, etc. - It means the disease, injury, or complication which caused death. | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (b) _____ | | |
| | DUE TO (c) _____ | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input 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? 4343H |

22. I hereby certify that I attended the deceased from Sep. 6, 1954, to Sep. 8, 1954, that I last saw the deceased alive on Sep. 6, 1954, and that death occurred at Sep. 8, 7:45P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>Harold Livingston</i> (Degree or title) D.O. | 23b. ADDRESS 6401 W. Florissant, St. Louis, Mo | 23c. DATE SIGNED Sep. 9, 1954 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9/11/54 | 24c. NAME OF CEMETERY OR CREMATORY Lynn Cemetery |
| | 24d. LOCATION (City, town, or county) Wentzville, Mo | (State) |

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| DATE REC'D BY LOCAL REG. SEP 10 1954 | REGISTRAR'S SIGNATURE <i>J. Carl Smith</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz Mortuary 5967 W. Florissant |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Wilfred R. Buccho*.....

Licensed Embalmer No. *455*.....

P. O. Address *A. Lou*.....

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.