

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11856**

BIRTH NO. _____		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 590		Registrar's No. 685	
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 OR TOWN Valley Park, Missouri)		c. LENGTH OF STAY in this place 2 Mos		c. CITY OR TOWN Kirkwood 4673		d. Is 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 Mells Nursing Home				e. STREET ADDRESS (If rural, give location) 911 Curran			
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH MAR MARGARET b. (Middle) PIRKEY c. (Last) PIRKEY			4. DATE OF DEATH (Month) (Day) (Year) 3 11 1956				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9 / 18 / 1867	
9. AGE (In years last birthday) 88		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Farmington, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Adam Smith		13b. MOTHER'S MAIDEN NAME Margaret (Unknown)		14. NAME OF HUSBAND OR WIFE William Pirkey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME L. L. Armantrout, 911 Curran ADDRESS KIRKWOOD, MO.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) unk II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					INTERVAL BETWEEN ONSET AND DEATH 1 1/2
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 3-1 , 19 56 , to 3-11 , 19 56 , that I last saw the deceased alive on 3-11 , 19 56 , and that death occurred at 5:45 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title)				23b. ADDRESS 9929 Regentchester Kirkwood, Mo.		23c. DATE SIGNED 3-11-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3/11/56		24c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.	
DATE REC'D BY LOCAL REG. 3-12-56		REGISTRAR'S SIGNATURE Herbert R. Dombrowski MD		25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger		ADDRESS Kirkwood, Mo.	

(Licensed Practitioner's Statement on Reverse Side)

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 *William H. P. Jones*.....

Licensed Embalmer No. *431*.....

P. O. Address *Wilmington*.....

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