

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18448

State File No.

318

1003

Registrar's No. 3990

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 3990				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				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. 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 DePAUL HOSPITAL				e. STREET ADDRESS (If rural, give location) 5119 NATURAL BRIDGE				2079		
3. NAME OF DECEASED (Type or Print) a. (First) SOPHIE			b. (Middle) PFENNINGER			c. (Last) PFENNINGER				
4. DATE OF DEATH (Month) (Day) (Year) APRIL 20, 1956			5. SEX FEMALE			6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		
8. DATE OF BIRTH MAY 19, 1874			9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
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) LAWRENCETON, MISSOURI				
12. CITIZEN OF WHAT COUNTRY? U S A			13a. FATHER'S NAME CASINER WERNER			13b. MOTHER'S MAIDEN NAME MARY L. ROTH				
14. NAME OF HUSBAND OR WIFE HERMAN PFENNINGER			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. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS PHILOMENA BAYER		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL THROMBOSIS</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 332X						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) (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 <u>4/18/56</u> , 1956, to <u>4/20</u> , 1956, that I last saw the deceased alive on <u>4/19</u> , 1956, and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>John White</u>			23b. ADDRESS <u>MR 634 N. GRAND AVE.</u>			23c. DATE SIGNED <u>4/20/56</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify)			24b. DATE <u>4-23-1956</u>			24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>				
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>			DATE REC'D BY LOCAL REG. <u>APR 23 1956</u>			REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>				
25. FUNERAL DIRECTOR'S SIGNATURE <u>STROOT CARROLL</u>			ADDRESS <u>4600 NATURAL BRIDGE</u>							

(Licensed Embalmer'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 *M. W. Rueter*.....

Licensed Embalmer No. *4864*

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.