

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **25194**
6189

FILED JUL 20 1956

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2196			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #119				e. STREET ADDRESS (If rural, give location) 4527 Forest Park Blvd.			
3. NAME OF DECEASED (First) Lina		b. (Middle)		c. (Last) Pfeiffer		4. DATE OF DEATH (Month) (Day) (Year) 6 30 56	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 13, 1862	
9. AGE (in years last birthday) 94		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Jefferson County, Tenn.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Elijah Gradling		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Louis Pfeiffer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Elaine Wilson 4238 McPherson			
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) Bronchial Pneumonia ANTECEDENT CAUSES DUE TO (b) Contus. - Fracture of right hip suffered when deceased fell from bed at Milton Nursing Home on June 19th DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death or related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 1956.		19b. MAJOR FINDINGS OF OPERATION E902.7		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SPECIFIC (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Nursing Home		21c. (CITY, TOWN, OR TOWNSHIP) 45 (COUNTY) (STATE) St. Louis Mo.		21f. HOW DID INJURY OCCUR? Fall	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 19 56 3 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 10:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick P. Taylor Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7.2.56.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 2/56		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Union Mo.	
DATE REC'D BY LOCAL REG. JUL 2 1956		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. Bull-Campbell Mortuary 5715 Adams St. St. Louis Mo.			

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.....
Licensed Embalmer No. 436

P. O. Address.....

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.