S. No. 300
v. 10.48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

State File No. 28971

Registrar's No. 7797

BIRTH NO. 65459-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH**
a. COUNTY: –
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 20 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bethesda General Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: –
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 20 3521-a N. 22nd St. 220%

**3. NAME OF DECEASED** (Type or Print)
a. (First): George
b. (Middle): Edward
c. (Last): Pfaff

**4. DATE OF DEATH** (Month) Aug. (Day) 22 (Year) 1956

**5. SEX**: Male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): infant
**8. DATE OF BIRTH**: August 21, 1956
**9. AGE** (In years last birthday): –
IF UNDER 1 YEAR: Months – Days –
IF UNDER 24 HRS.: Hours 20 Min. 38

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): infant
**10b. KIND OF BUSINESS OR INDUSTRY**: infant
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U. S. A.

**13a. FATHER'S NAME**: George Leon Pfaff
**13b. MOTHER'S MAIDEN NAME**: Alice Olinda Dickhans
**14. NAME OF HUSBAND OR WIFE**: --

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME**: Alice Dickhans Pfaff
ADDRESS: 3521-a N. 22nd St.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 20 hours

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Premature separation of Placenta
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: Toxemia of pregnancy

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 761.5
**20. AUTOPSY?** YES ☒ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 8-21, 1956, *to* 8-22, 1956, *that I last saw the deceased alive on* 8-21, 1956, *and that death occurred at* 7.50 A. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): A. Younger, M.D.
**23b. ADDRESS**: 3624 Russell
**23c. DATE SIGNED**: 8-22-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: Aug 23rd 1956
**24c. NAME OF CEMETERY OR CREMATORY**: N. Bethlehem
**24d. LOCATION** (City, town, or county) (State): St Louis Mo

**DATE REC'D BY LOCAL REG.**: AUG 22 1956
**REGISTRAR'S SIGNATURE**: J. Earl Smith, M.D. Ludenmeyer
**25. FUNERAL DIRECTOR'S SIGNATURE** and Sons
ADDRESS: 3934 N 20th

(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 embalm

by me, or by Not Embalmed, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Luedmeyer & Sons

Licensed Embalmer No.....

P. O. Address.....

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