

FILED JUN 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57022735
STATE FILE NUMBER
318 1003 5660
Registration District No. Primary Registration District No. 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	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4616 Fendler Court		Length of stay in lb 15 (If outside, give location) STREET ADDRESS 4616 Fendler Court	
3. NAME OF DECEASED (Type or print) First FRANCES Middle Last MIGNERONE		4. DATE OF DEATH June 14, 1957	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 26 1890
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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 country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Michael Pfeiffer	
14. MOTHER'S MAIDEN NAME Magdalena Ritt		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 494-09-9417B		17. INFORMANT John Robert Mignerone Address 4616 Fendler Court	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage (Pt. 57) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ch arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X			INTERVAL BETWEEN ONSET AND DEATH 1/2 day 3 yrs
19. WAS AUTOPSY PERFORMED? 22 YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Jan 1-57 to June 13-57 and last saw her alive on June 13-57 Death occurred at 9:00 PM m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) W.H. Walters		22b. ADDRESS 3608 8 Grand Ave	
22c. DATE SIGNED 6/17/57		23. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
23d. LOCATION (City, town, or county) St. Louis County, Mo.		23e. STATE	
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave		25. DATE RECD. BY LOCAL REG. JUN 18 '57	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

1708

Dr. Walters
Melba Bldg

2-4-41
6-8-41
Mortuary

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Delis J. Kriskin*
.....

Licensed Embalmer No. 34

P. O. Address *St. Louis*

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.