

Health, Welfare, Public Service

FILED JUL 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 2 3 3 3 6  
STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrenton</b>		c. CITY OR TOWN <b>St. Charles</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Katie Jane Home</b>		Length of stay in lb <b>1yr-9 Mo</b>	
3. NAME OF DECEASED (Type or print) <b>Susan Kay Pfister</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>17,</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 29, 1939</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Invalid</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>17</b>
11. BIRTHPLACE (City and state or country) <b>Creve Coeur, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.S.</b>	
13a. FATHER'S NAME <b>John Pfister</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Smart</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>Katie Jane Home (records)</b> Address <b>Warrenton, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Verdict of Coroner's Jury.</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Fire at Katie Jane Home, about 2:35 P.M.</b>			
DUE TO (c) <b>Origin of Fire undetermined.</b> <b>Body completely consumed by Fire.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Burn of Katie Jane Home 109</b>		
20c. TIME OF INJURY Hour <b>2:35</b> Month <b>Feb.</b> Day <b>17</b> Year <b>1957</b> a.m. <b>2:35</b> p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Warrenton Home</b>	20f. CITY, TOWN, OR LOCATION <b>Warrenton</b>	COUNTY <b>Warren</b> STATE <b>Mo</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>Warrenton Mo</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Dr. P. H. Knigge</b> (Degree or title)		22b. ADDRESS <b>Warrenton Mo</b>	22c. DATE SIGNED <b>June 27 1957</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG. <b>July 1, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Lloyd Logan</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

*July 9*

**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. ....

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.