

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34423
STATE FILE NUMBER

FILED SEP 26 1957

Registration District No. 312 Primary Registration District No. 547 Registrar's No. 2241

| | | | | | |
|--|----------------------------------|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY St Louis, | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Mo. | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis, | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hosp. | | Length of stay in lb 1 day | d. STREET OR ADDRESS 5348 Nottingham | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Ernest Ernst Middle H. Last PAFFRATH | | | 4. DATE OF DEATH Month Sept. Day 6, Year 1957 | | |
| 5. SEX Male | 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 April 11, 1886 | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months 71 Days 0 Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewer Comm. Retd. | | 10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis | 11. BIRTHPLACE (City and state or country) Germany N.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Herman Paffrath | | | 14. MOTHER'S MAIDEN NAME Ida (Wink) Klein | | |
| 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. 494-36-7152 | 17. INFORMANT Mrs. Elizabeth Scherrer-3625 Oak Hill | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Infarction | | | | | INTERVAL BETWEEN ONSET AND DEATH Hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | |
| DUE TO (b) Coronary Disease | | | | | years |
| DUE TO (c) Granular Arteriosclerosis 4:20 | | | | | years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Pulmonary infarct Arterio Sclerotic Changes Liver | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED (State nature of injury in Part I or Part II of item 18.) ITEM: 3, 14 CORRECTED | | | |
| 20c. TIME OF INJURY Hour 4:00 Month Sept. Day 10, Year 1957 a. m. 0 p. m. 0 | | BY AFFIDAVIT OF Funeral Director 1-28-59 | | | |
| 20d. INJURY OCCURRED WHILE AT <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 Mo. STATE Mo. | |
| 21. I attended the deceased from June 1954 to 9-6-57 and last saw her alive on 9-5-57 Death occurred at 4:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Daniel J. Besten | | | 22b. ADDRESS M. D. 634 N. Good Blvd | | 22c. DATE SIGNED 9-7-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE Sept. 10, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Valhalla Maus. | | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
| 24. FUNERAL DIRECTOR Kriegshauser-42 | | ADDRESS 28 S. Kingshighway | | 25. DATE RECD. BY LOCAL REG. 9-9-57 | 26. REGISTRAR'S SIGNATURE Herbert R. Donk MD |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, County, Mo. must use only standard nomenclature in item 10. No complaints will be issued. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

JAN 28 1959

DEC 31 1958

JAN 6 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate, was
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edwin J Mc Dermott*
Licensed Embalmer No. 30

P. O. Address.....

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.