

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3432

FILED FEB 14 1958

STATE FILE NUMBER

809

Registration District No. 318 Primary Registration District 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	
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 5475 Cabanne Ave		Length of stay in 1b 45 yrs	
3. NAME OF DECEASED (Type or print) Frank Pence		4. DATE OF DEATH Jan. 18, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Aug. 13, 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Social Worker		10b. KIND OF BUSINESS OR INDUSTRY Charities	9. AGE (In years last birthday) 50
11. BIRTHPLACE (City and state or country) Carthage Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Charles Pence		14. MOTHER'S MAIDEN NAME Elizabeth Carter	
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. 478-22-0154	
17. INFORMANT Personal Papers		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) Diabetes DUE TO (c) Paraldehyde Intoxication PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) E 874.014			INTERVAL BETWEEN ONSET AND DEATH
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.) Self ingested in house on car		
20c. TIME OF INJURY Hour a. m. p. m. 1 1858	20d. DATE OF INJURY about January 18, 1958.		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 5 House	20g. CITY, TOWN, OR LOCATION St. Louis Mo.	20h. COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James M. Kelly, M.D., Registrar		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 1-23-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 24, 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) (State) St. Louis Mo.
24. FUNERAL DIRECTOR Wm. J. Morrell 3710 N. Grand Blvd.		25. DATE RECD. BY LOCAL REG. JAN 23 '58	26. REGISTRAR'S SIGNATURE [Signature]

Health, Welfare, Public Service
300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis*

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.