FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011568
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2625

1. PLACE OF DEATH
a. COUNTY Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mis. Pacific Hosp. — Length of stay in 1b 40
d. STREET ADDRESS (If outside, give location) 644 N. 38th St. — Reside on Farm Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY East St. Louis
c. CITY OR TOWN East St. Louis 812 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 32 644 N. 38th St.

3. NAME OF DECEASED (Type or print) First Middle Last: HENRY SYLVESTER EFFINGER
4. DATE OF DEATH Month Day Year: March 3 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12-31-1875
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R R CLERK
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): PILOT KNOB, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: VALENTINE EFFINGER
14. MOTHER'S MAIDEN NAME: JOSEPHINE MOTZEL
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: Josephine Effinger — Address: E. St. Louis, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) metastasic carcinoma of both lungs and lymph nodes — INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) adenocarcinoma of the rectum.
DUE TO (c) 154 x.
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 ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-18-1958, to 3.3.58 and last saw her/him alive on 3.3-58
Death occurred at 6:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Benjamin H. Charles, M.D.
22b. ADDRESS: Mis. Pac. Hospital - St. Louis
22c. DATE SIGNED: March 4, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: MARCH 4, 1958
23c. NAME OF CEMETERY OR CREMATORY: Mt. CARMEL
23d. LOCATION (City, town, or county) (State): BELLEVILLE ILL.
24. FUNERAL DIRECTOR ADDRESS: BURKE FUNERAL HOME E. St. Louis Ill.
25. DATE RECD. BY LOCAL REG.: MAR 4 '58
26. REGISTRAR'S SIGNATURE: Carl Smith MD MAB

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300
1-56 D

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually 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 en

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas Burke.....

Licensed Embalmer No. 242

P. O. Address E. St. Lou

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.