

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016304

STATE FILE NUMBER

FILED MAY 1 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4513

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		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 4501 MARYLAND		Length of stay in 1b 3 1/2 YRS	d. STREET ADDRESS (If outside, give location) 4501 MARYLAND		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last SARA - E - PFENNIGHAUSEN			4. DATE OF DEATH Month Day Year 4 25 58		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-21-1870	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT-HOME	11. BIRTHPLACE (City and state or country) O'FALLON ILL	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ALFRED JOHNS		13b. MOTHER'S MAIDEN NAME BARBARA HAUSER		14. NAME OF HUSBAND OR WIFE OTTO-PFENNINGHAUSEN	
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. NONE	17. INFORMANT Address CORNELIA-PHINNEY-124 S BELMONT		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease DUE TO (b) anasartha. DUE TO (c) Senility.					INTERVAL BETWEEN ONSET AND DEATH 420.0
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 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 p.m.			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	STATE
21. I attended the deceased from 6-15-'33 to 4-25-58 and last saw her alive on 4-24-58 Death occurred at 2:30 8 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. Sterling M.D. (Degree or title)			22b. ADDRESS Maplewood Mo.		22c. DATE SIGNED 4-25-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 4-26-58	23c. NAME OF CEMETERY OR CREMATORY COLLEGE HILL CEM.		23d. LOCATION (City, town, or county) (State) KEBANON ILL
24. FUNERAL DIRECTOR ADDRESS JAY. B. SMITH- MAPLEWOOD 17 Mo.			25. DATE RECD. BY LOCAL REG. APR 26 58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. Allen Davis*

Licensed Embalmer No. *4053*

P. O. Address *St. L.*

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.