Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030835
STATE FILE NUMBER

FILED SEP 12 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8542

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [#] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DePaul Hospital — Length of stay in 1b 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [#] No [ ]
d. STREET ADDRESS (If outside, give location) 5528 Wren Ave. — Reside on Farm Yes [ ] No [#]

3. NAME OF DECEASED (Type or print) First AMOS Middle Last PANHORST
4. DATE OF DEATH Month Sept Day 1 Year 1958
5. SEX male
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [#] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Jan. 22, 1898
9. AGE (In years last birthday) 60 — 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) Sheet Metal worker
10b. KIND OF BUSINESS OR INDUSTRY construction
11. BIRTHPLACE (City and state or country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Panhorst
13b. MOTHER'S MAIDEN NAME Annie Bauman
14. NAME OF HUSBAND OR WIFE
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. 566 07 4213
17. INFORMANT Esther Hein Address 5464 Wren Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gas Gangrene
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Compound comminuted fracture of both bones of the left forearm
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
E901.0 21
19. WAS AUTOPSY PERFORMED? YES [✓] NO [ ] 1

20a. ACCIDENT [✓] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18) Supposed to fall from a ladder in back yard at 5468 Wren Avenue about 930 am., on August 30 1958.
20c. TIME OF INJURY 930 Hour a.m. Month, Day, Year 8 30 58
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.) Yard-House
20f. CITY, TOWN, OR LOCATION St Louis COUNTY Mo STATE

21. I attended the deceased from _____ and last saw her/him alive on _____
Death occurred at 845 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 Deputy Coroner
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 9-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 9/5/58
23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery
23d. LOCATION (City, town, or county) St. Louis County (State) Mo.

24. FUNERAL DIRECTOR Buchholz Mortuary ADDRESS 5967 W. Florissant
25. DATE RECD. BY LOCAL REG. SEP 4 '58
26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis M

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.