RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-040090

STATE FILE NUMBER

FILED VS NOV 3 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10300

DED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Madison

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri — Length of stay in 1b 7 days

c. CITY OR TOWN East Alton — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 523 Washington Avenue., — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ALBERT Middle R. Last PFEIFFER

4. DATE OF DEATH Month October Day 21, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4/9/1904

9. AGE (last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Order Clerk

10b. KIND OF BUSINESS OR INDUSTRY Olin-Mathieson Chemical

11. BIRTHPLACE (City and state or country) Alton, Illinois.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Albert Pfeiffer

13b. MOTHER'S MAIDEN NAME Maude Williams

14. NAME OF HUSBAND OR WIFE Hazel Pfeiffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil

16. SOCIAL SECURITY NO. —

17. INFORMANT Address Hazel Pfeiffer, 523 Washington Avenue., East Alton, Illinois.

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) Glioblastoma — INTERVAL BETWEEN ONSET AND DEATH 6 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 193.9

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 10/14/60, to 10/21/60 and last saw him alive on 10/21/60

Death occurred at 6:45 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. O. Vermillion, M.D. M. D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 10/21/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 10/24/60

23c. NAME OF CEMETERY OR CREMATORY Upper Alton Cemetery

23d. LOCATION (City, town, or county) (State) Alton, Illinois.

24. FUNERAL DIRECTOR ADDRESS Marks Funeral Home, Woodriver, Illinois.

25. DATE RECD. BY LOCAL REG. OCT 24 1960

26. REGISTRAR'S SIGNATURE Carl Smith. M.D.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed NO EMBALM

Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.