

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

381-98000

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2290 STATE FILE NUMBER 10809

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Length of stay in 1b 1 DAY
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY _____
 c. CITY OR TOWN ST. LOUIS Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5333 SUNSHINE DRIVE Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
DOROTHY (N.M.I.) GAFFRON MARCH 7, 1963

5. SEX FEMALE 6. COLOR OR RACE CAUCASIAN 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/14/1888 9. AGE (last birthday) 72 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) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME 11. BIRTHPLACE (City and state or country) DENMARK 12. CITIZEN OF WHAT COUNTRY USA (NAT'L)

13a. FATHER'S NAME ROBERT BOEHME 13b. MOTHER'S MAIDEN NAME LAURA (LAST UNKNOWN) 14. NAME OF HUSBAND OR WIFE EDWIN G. GAFFRON (DECEASED)

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. _____ 17. INFORMANT ROBERT GAFFRON Address SEE #2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute myocardial Infarction
 DUE TO (b) Arteriosclerotic coronary thrombosis
 DUE TO (c) 4201H

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Right radius mastectomy 9/24/59 for Duets Ca.

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 5/17/55 to 3/7/61 and last saw her alive on 3/7/61
 Death occurred at 8:25 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward W. Czerninski M.D. 22b. ADDRESS 3701 Grandblg 22c. DATE SIGNED 3/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBMENT 23b. DATE 3/10/1961 23c. NAME OF CEMETERY OR CREMATORY VALHALLA MAUSOLEUM 23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI

24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY 25. DATE RECD. BY LOCAL REG. MAR 8 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
6464 CHIPPEWA STREET ST. LOUIS, MISSOURI

DATE AMENDED _____
 ITEM NO. _____
 SHOULD READ _____
 BY AFFIDAVIT OF _____
 MEDICAL CERTIFICATION _____
 DOCUMENT _____
 INSTEAD 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Bice C. Hanson

Licensed Embalmer No. 4764

P. O. Address

St Louis Mo.

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.