

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015748

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 57

VS 300  
Rev. 4/59

0500  
24 Dec 3

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. <b>FULL NAME</b> <u>MAY 7 1962</u>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jefferson</u>		a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIMMSWICK</u>		Length of stay in lb <u>lmos 8 days</u>	c. CITY OR TOWN <u>Kirkwood</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Four Oaks Nursing H.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>21 Winslow Lane</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. <b>NAME OF DECEASED</b> First Middle Last <u>DOROTHY KALL PAIRO</u>			4. <b>DATE OF DEATH</b> Month Day Year <u>April 21, 1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. <b>DATE OF BIRTH</b> <u>9-9-1895</u>
9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Secretary</u>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b> <u>Heckman Co.</u>	11. <b>BIRTHPLACE</b> (City and state or country) <u>Danville, Va.</u>
12. <b>CITIZEN OF WHAT COUNTRY</b> <u>USA</u>		13. <b>FATHER'S NAME</b> <u>John L. Pairo</u>	
13b. <b>MOTHER'S MAIDEN NAME</b> <u>Lucy Ann Osborne</u>		14. <b>NAME OF HUSBAND OR WIFE</b> <u>None</u>	
15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. <b>SOCIAL SECURITY NO.</b> <u>None</u>	
17. <b>INFORMANT</b> <u>Kirkwood 22, Mo.</u>		17. <b>INFORMANT ADDRESS</b> <u>Lurline Pairo-21 Winslow Ln.</u>	
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. <b>DEATH WAS CAUSED BY:</b> IMMEDIATE CAUSE (a) <u>Neurofibroma of cerebrum lgt</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. <b>ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
20c. <b>TIME OF INJURY</b> Hour a.m. p.m.	Month, Day, Year		
20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. <b>CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b> <b>STATE</b>
21. I attended the deceased from <u>3/5/62</u> to <u>4/21/62</u> and last saw her <sup>her</sup> alive on <u>4/21/62</u> Death occurred at <u>5:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. <b>SIGNATURE</b> (Degree or title) <u>Charles Brunside MD.</u>		22b. <b>ADDRESS</b> <u>2064 W Argonne Kirkwood</u>	22c. <b>DATE SIGNED</b> <u>4/21/62</u>
23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	23b. <b>DATE</b> <u>4-23-1962</u>	23c. <b>NAME OF CEMETERY OR CREMATORY</b> <u>MEMORIAL PARK Cem</u>	23d. <b>LOCATION</b> (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
24. <b>FUNERAL DIRECTOR</b> <u>Pfizinger Mort-Kirkwood 22, Mo.</u>	25. <b>DATE RECD. BY LOCAL REG.</b> <u>4-21-62</u>	26. <b>REGISTRAR'S SIGNATURE</b> <u>Robert E. Bauer</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 7 1962

PAID

Recd 4-23-62 Dist #162

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 Hester J. Gou Jr.

Licensed Embalmer No. 4800

P. O. Address Hickory No.

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.