

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38953

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **1104**)

John Ave St. **9** Ward

File No. **11775**

Registered No. **11775**

2. FULL NAME

(a) Residence. No. **2104 John Ave** St. **9** Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Augusta Pfaff**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 23 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 **4** **7**

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Salesman**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer **Hub Furniture**

9. BIRTHPLACE (CITY OR TOWN) **Moberly** (STATE OR COUNTRY) **Mo**

10. NAME OF FATHER **Unknown**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo**

12. MAIDEN NAME OF MOTHER **Edith Clark**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **W** (STATE OR COUNTRY) **Wiscon**

14. INFORMANT **Augusta Pfaff** (Address) **2104 John Ave**

15. FILED **DEC 31 1927** **Max C Stark** Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 30 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 22**, 1927, to **Dec 29**, 1927 that I last saw him alive on **Dec 30**, 1927, and that death occurred, on the date stated above, at **10:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bacterial Pneumonia

107A
CONTRIBUTORY (SECONDARY) **100-0**

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **no**

(Signed) **Dr. J. L. Baird** M.D. **Dec 10 1927**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Memorial Park Cem** DATE OF BURIAL **Jan 2 1928**

20. UNDERTAKER **Thron Liles** ADDRESS **2707 N Grand**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1944

1944