WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

11339

File No. .....

Registered No. 3178

1. PLACE OF DEATH

County ..... Registration District No. 791 / 1003

Township ..... Primary Registration District No. .....

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Catherine Pfeiffer

(a) Residence. No. 532 West Poepping St., 1 Ward. .....
(Usual place of abode) (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: female
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: A. J. Pfeiffer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 10 - 1868

7. AGE: 60 YEARS, 2 MONTHS, 9 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Henry Mueller
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Anna Droster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Germany
(STATE OR COUNTRY)

14. INFORMANT: A. J. Pfeiffer
(Address) 532 West Poepping

15. FILED: FEB 27 1928 Max C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 19 1928

17. I HEREBY CERTIFY, That I attended deceased from March 14, 1927, to March 19, 1928 that I last saw her alive on March 19, 1928, and that death occurred, on the date stated above, at 6:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93c
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 90
(duration) ..... yrs. ..... mos. ..... ds.

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? —

(Signed) Roy C. Phipps M. D.
3/19/, 1928 (Address) 7702 Ivory

*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: Mt. Olive Cemetery
DATE OF BURIAL: 2/22 1928

20. UNDERTAKER: C. Hoffmeister
ADDRESS: 1814 S. Broadway