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

Do not use this space.

31607

1. PLACE OF DEATH ST. LOUIS
County
Township CARONDELET
City (No. St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 G.

File No.
Registered No. 314

2. FULL NAME Frank Pfeffer
(a) Residence. No. Lakewood Ave St., 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2-1927

7. AGE Years 1 Months 1 Days 19 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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 Frank Pfeffer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ungarn
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Helen Hangman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ungarn
(STATE OR COUNTRY)

14. INFORMANT Frank Pfeffer
(Address) Lakewood Mo

15. FILED Sept. 22, 1928 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1928, to Sept. 21, 1928 that I last saw him alive on Sept. 19, 1928, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dysentery, bacillary
13 B
(duration) yrs. mos. 25 ds.

CONTRIBUTORY (SECONDARY) 16 B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) T. S. Zahorsky, M.D.
9/21, 1928 (Address) 536 N. Taylor.

*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 New St Marcus
DATE OF BURIAL Sept 22 1928

20. UNDERTAKER Arendes U.G.
ADDRESS 1918 Lo 99

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.

THIS IS A PERMANENT RECORD NOV 1