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

Do not use this space.

31854

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9111

Township ..... Primary Registration District No. 1003 Registered No. 9111

City St Louis (No. St Marys Infirmary St. ..... Ward)

2. FULL NAME Elizabeth Pfeiffer

(a) Residence. No. 207 Carroll St., 1/23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sepr 29 - 1852

7. AGE: Years 75 | Months 11 | Days 12 | 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): 12 2 9 13 9 1
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: J. Stailey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Otto Pfeiffer
(Address) 207 Carroll So

15. FILED SEP 12 1928 Max C Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9-11 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-10, 1928, to 9-11, 1928, that I last saw her alive on 9-11, 1928, and that death occurred, on the date stated above, at 1 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Surgical shock Post Operative
Operation for Incarcerated
Hernia

Chronic Myocarditis & arteriosclerosis (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) 10 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9-10-28

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings & Autopsy

(Signed) Guy C French M.D

9/11, 1928 (Address) 1536 Papin st

*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: Sepr 13 1928

20. UNDERTAKER: Wacker-Helderle | ADDRESS: 2331-S. Bdwy

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.