

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

Do not use this space.

43021

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... 3920 Lee Ave

File No.....
Registered No. 12296
St. Ward)

2. FULL NAME

Maria S. Pfeifer
(a) Residence. No. 3920 Lee Ave St. 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? 40 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Pfeifer</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1-10-1870</u>				
7. AGE	YEARS <u>58</u>	MONTHS <u>11</u>	DAYS <u>6</u>	IF LESS than 1 day, .. hrs. or .. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

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

Germany

10. NAME OF FATHER

John Hahn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Leah's Troy

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

Germany

14.

INFORMANT Joseph Pfeifer
(Address) 3920 Lee Ave

15.

FILED DEC 17 1928
REG. Mar C. Standley
19. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 16 1928
17. I HEREBY CERTIFY That I attended deceased from 12/15-1928 to 12/16-1928 that I last saw her alive on 12/16-1928, and that death occurred, on the date stated above, at 2:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Thrombosis
131
82 B
Chronic Intestinal Ulceration
(SECONDARY)
6 yrs. 6 mos. da.

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

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS.....
Classical symptoms
(Signed) Chas. P. Smith, M. D.
12/17, 1928 (Address) 3905 Lee

*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 Calvary Cemetery DATE OF BURIAL 12/19 1928

20. UNDERTAKER H. A. Stock and Co. ADDRESS 2117 E Grand

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

R. R.—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.

17-10-1900

3913 Fee