

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

Do not use this space.

3451

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Koch (No.)

Registration District No. 1123
Primary Registration District No. 6248 B

File No.
Registered No. 37
St. Ward)

2. FULL NAME Pfeffer, Barbetha

(a) Residence. No. 4043 Westminister Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 9 da. How long in U.S., if of foreign birth? yrs. mos. da.

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 George Pfeffer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 24 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	27	4	26	

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) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER John P. Dietzfelling

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

12. MAIDEN NAME OF MOTHER Sophie Bierlein

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

14. INFORMANT R. Koch Hospital
(Address) Koch, Missouri

15. Jan 21 1929 FILED. 19 L. C. Obrak M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 21 1929

17. I HEREBY CERTIFY, That I attended deceased from April 28 1926 to Jan. 21 1929 that I last saw her alive on Jan 21 1929, and that death occurred, on the date stated above, at 12:15 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

About (duration) 5 1/2 yrs. mos. da.

CONTRIBUTORY Tuberculous Emyema
(SECONDARY)

About (duration) 1 yrs. mos. da.

18. WHERE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray & Sputum

(Signed) Wm A. Macy M. D.

1/21/29 (Address) Koch, Mo.

*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 DATE OF BURIAL

Valhalla Cem Jan 23 1929
20. UNDERTAKER Bauman Bros. ADDRESS Overland mo.

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.

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