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

Do not use this space.

31801

File No.
Registered No. 306

1. PLACE OF DEATH
County St. Louis
Township City-Proper
City Overland, Mo. (No. Overland, Mo. St. Ward)

Registration District No. 289
Primary Registration District No. 6 035 B

2. FULL NAME Emma Pfeiffer
(a) Residence. No. Margaret 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of John Pfeiffer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 21, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	66	0	8	

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

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

PARENTS
10. NAME OF FATHER Edward Dauvl
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) France

14. INFORMANT Henry A. Pfeiffer
(Address) Overland, Mo.

15. FILED 9/30, 1929 Rollan Brey M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
9 yrs
1 yr 9 m (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Goiter, simple
(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? History & Physical Sy.

(Signed) John O. Crowell, M. D.
9/29, 1929 (Address) Room 4 Plaza Co.

*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
Calvary	Oct. 2 1929
20. UNDERTAKER Math. Hermann & Son	ADDRESS 2161 East Fair Av

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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OCT 24 1929
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