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

Do not use this space #7.5

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2963

Township ..... Primary Registration District No. ..... Registered No. 414

City St. Louis (No. St. Anthony's Hospital St. ..... Ward)

2. FULL NAME Mary Pfeil

(a) Residence. No. 4325 Eichelberger St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22, 1849.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	1	20	

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) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis Co.
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Frank Grimm

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

12. MAIDEN NAME OF MOTHER Mary Ann Hampel

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

14. INFORMANT Charles Pfeil
(Address) 6615 Alabama

15. FILED JAN 14, 1930 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1929, to Jan 12, 1930 that I last saw h. on alive on June 11, 1930 and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
186 K Chronic myocarditis
1948
93 C

..... (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Fracture of right femur falling to floor (duration) 1 yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED Accident
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical course
(Signed) N Atchneide M. D.
, 19 (Address) 2708 Lynch

*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
Assumption Mattese Mo.	1/15 1930
20. UNDERTAKER	ADDRESS
A. Hoffmeister U & L Co	7814 So Broadway

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

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.

10 1235

2708 Lynch St.