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

Do not use this space.

6536

File No. 1351

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. St. Ward)

Registration District No. 3101 D3

Primary Registration District No.

2. FULL NAME Ella M. Pfeffner

(a) Residence. No. 3909 Delmar (Usual place of abode) St., 17 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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 Alex Pfeffner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10-1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	61	5	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Jos Pulman

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

12. MAIDEN NAME OF MOTHER Catherine Riley

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

14. INFORMANT E. Lorene Pfeffner (Address) 3909 Delmar

15. FILED 1-4-19 31 Ruth C. Wilcoxen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-6-1930

17. I HEREBY CERTIFY, That I attended deceased from 11-17, 1928, to 12-29, 1929, that I last saw h. alive on 12-29, 1929, and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92A

92C Chr Myocarditis

Long Kidney (duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Valvular Insufficiency

Long Kidney (duration) 1 yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? CCW

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs.

(Signed) C. H. Lindhurst, M. D.

, 19 (Address) 3118 S. Grand Blvd.

*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
McCarnel Belleville Ills.	Feb. 10th 1930
20. UNDERTAKER	**ADDRESS**
Pete Gardner	Belleville Ills

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.

Bindbeutel