

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.

AUG 27 1932

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

Do not use this space.

23932

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 485  
 Township Bonhomme Primary Registration District No. 607  
 City St. Louis, Mo. No. Meramec River St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Frank X Pfeiffer  
 (a) Residence, No. 5908 Nashville 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24-1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
21 8 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hat Blocker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 248

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) St. Louis Missouri

13. NAME Frank Pfeiffer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnetville Missouri

15. MAIDEN NAME Elizabeth Darney

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

17. INFORMANT (ADDRESS) Frank Pfeiffer 5908 Nashville

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE July 13<sup>th</sup> 1932

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly M.D. Co. 3846 Lindell Blvd

20. FILED 7/13 1932 L. E. Barnett Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:  
Accidental drowning in Meramec River while on wading. Date of onset 7/10/32

Other contributory causes of importance:  
183 183 127

Name of physician None given Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Accident Date of injury 7/10/32  
 Where did injury occur St. Louis, Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home or in public place. Public place.  
 Manner of injury Acc. drowning  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify \_\_\_\_\_  
 (Signed) John O. Cappel M. D.  
 (Address) Coroner of St. Louis

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