

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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **4780** General St.)

File No. **11361**  
Registered No. **13265**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. **4780 General St.** Ward. **16**  
(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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Beatrice Pfeifer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 6, 1885**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<b>48</b>	<b>6</b>	<b>27</b>	

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

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

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 COUNTRY) **St. Louis, Mo.**

13. NAME **Joseph Pfeifer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

15. MAIDEN NAME **Mathilda Justus**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT (ADDRESS) **Beatrice Pfeifer, 4780 General St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **April 2, 1934**

19. UNDERTAKER (ADDRESS) **J. J. Regenhart, 790 St. Charles**

20. FILED **APR 31 1934** **J. B. Brebeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 30, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 8, 1934**, to **March 20, 1934**

I last saw him alive on **March 29, 1934** Death is said to have occurred on the date stated above, at **59** m.

The principal cause of death and related causes of importance were as follows:

**Intestinal neoplasia** Date of onset **1931**

**Chronic Myocarditis** ?

Name of operation **None** Date of **Feb. 20, 1934**

What test confirmed diagnosis **Feb. 20, 1934** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19.....  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify.....  
(Signed) **Carl F. Volz**, M. D.  
(Address) **1206 - 12th Street, St. Louis**

(CARL F. VOLZ)

