

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 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. **791**
Primary Registration District No. **1008**
(No. 4852, Allemania)

2911673

File No. 7944
Registered No.
St. Ward)

2. FULL NAME Carl Ernst Pfeifer

(a) Residence, No. 4852 Allemania St., 2 Ward.

(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 <u>M.</u>	4. COLOR OR RACE <u>W..</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Lydia</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 10, 1860</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>10</u>
	DAYS <u>16</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Carpenter</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1936

22. I HEREBY CERTIFY, that I attended deceased from June 19, 1936 to July 26, 1936.
I last saw him alive on July 24, 1936. Death is said to have occurred on the date stated above, at 1:40 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral thrombosis
Right hemiplegia
Arterio-sclerosis
Date of onset

Other contributory causes of importance
Arterio-sclerosis

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>Henry Pfeifer</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>not known</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT <u>Herman Pfeifer</u> (ADDRESS) <u>4852 Allemania</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Our Redeemer</u> DATE <u>7/29/36</u>	
19. UNDERTAKER <u>J. L. Ziegenhein & Sons</u> (ADDRESS) <u>7027 Gravois Ave.</u>	
20. FILED <u>7-27</u> 19 <u>36</u> <u>J. F. Predeek</u> Registrar.	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify.....
(Signed) A. F. Predeek M. D.
(Address) 2206 Howard St.

