MAR 5 - 1937

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

Do not use this space.

File No. 8538

Registered No. 1993

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5973 Page Blvd., St. ..... Ward)

2. FULL NAME Anna Marie Pfeiffer

(a) Residence, No. 5973 Page Blvd., St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William J. Pfeiffer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1887.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs., or ....min.
49	3	18	

OCCUPATION

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

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) Missouri

FATHER

13. NAME Christian Mossler

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

MOTHER

15. MAIDEN NAME Delia Egan

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

17. INFORMANT William J. Pfeiffer
(ADDRESS) 5973 Page Blvd.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE Feb. 18/37

19. UNDERTAKER Jos. W. Clark
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED FEB 16 1937, 19 J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Feb. 15, 1937

I last saw her alive on Feb. 15, 1937. Death is said to have occurred on the date stated above, at 10.10 A.M.

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

	Date of onset
Cerebral hemorrhage.	2-14-37

Other contributory causes of importance: Generalized arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) Orville Albright, M. D.

(Address) 1300 A. Hodiamont Ave.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. O.O.White,
I300a H odiamont Ave.,