AUG - 5 1937

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

791
1003

Do not use this space.

25273

File No.
Registered No. 6447

1. PLACE OF DEATH

County 2
Registration District No.
Township 1
Primary Registration District No.
City St. Louis (No. 4003 Flad St. Ward)

2. FULL NAME Clifford Pfau

(a) Residence, No. 4003 Flad St., 17 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Ruth Pfau

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	48	4	10	

OCCUPATION

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

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) Louisville
(STATE OR COUNTRY) Kentucky

FATHER

13. NAME Louis L. Pfau

14. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Stella Hartman

16. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Kentucky

17. INFORMANT Ruth Pfau
(ADDRESS) 4003 Flad Avenue.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE July 5, 1937

19. UNDERTAKER Frank Bros Bud Co
(ADDRESS) 2201 So. Grand Blvd.

20. FILED 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1936 to July 2 1937
I last saw him alive on July 2 1937 Death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Carotid Artery following carcinoma	7-2-36
47A	

Other contributory causes of importance:

Primary Carcinoma of Larynx	Feb-36

Name of operation — Date of —
What test confirmed diagnosis? Laboratory. 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) Dr. F. W. Welch, M. D.
(Address) 630 No. Kingshighway

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.