

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.

FEB 12 1938

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

178
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City, St. Louis, Missouri (d) Street No. 5647 Maple St. **34**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mr. Louis Wm. Pfundt 530

(a) Residence, No. 1929 Sidney St. **23**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Louisa Betz Pfundt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 15

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as 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) St. Louis, (STATE OR COUNTRY) Missouri

FATHER
13. NAME Louis F. Pfundt

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

MOTHER
15. MAIDEN NAME Catherine Martin

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

17. INFORMANT (ADDRESS) Wm R. Pfundt 1929 Sidney

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cem. DATE Jan. 3, 1938

19. FUNERAL DIRECTOR Beiderwieden Funeral Home, (ADDRESS) 1936 St. Louis Avenue

20. FILED JAN 3 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1937, to Jan 1, 1938
I last saw him alive on Jan 1, 1938. Death is said to have occurred on the (date stated above, at 4:15 A.M.)

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

Cerebral apoplexy
Bilateral pleur pneumonia (Hypostatic)
Semibility
Date of onset 12-27-37
108
12-29-38

Other contributory causes of importance:

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 Victor P. Kappeler, M. D.
(Signed) J. Bredeck
(Address) 380.5 50 Broadway.

Dr. V. Klaujner

STATEMENT BY LICENSED EMBALMER

I, Gustaf, Licensed Embalmer No. 3737

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Gustaf
Licensed Embalmer No. 3737

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)