

FEB 12 1938

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

940
Do not use this space.

7912

1003

Registered No. 796

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis, Mo. (d) Street No. Missouri Baptist Hospital St. (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 Clara Pfaff 100

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 24th, 1914

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 10 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Beauty Operator

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) August 1937 11. Total time (years) spent in this occupation 4 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Baden, Illinois

13. NAME Joseph Pfaff

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

15. MAIDEN NAME Virginia Berg Hennig

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

17. INFORMANT (ADDRESS) Joseph Pfaff, Inc., Staunton, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Staunton, Ill. DATE January 25, 1938

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc., 429 N. Euclid Avenue.

20. FILED JAN 23 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 22nd 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 21, 1938, to January 22, 1938.
Last saw her alive on January 24, 1938 Death is said to have occurred on the date stated above, at 4 m.

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

Lobar Pneumonia
Submucous type
1-16-38
108
Other contributory causes of importance:
Cardiac
Mitral Insufficiency
1-2-38

Name of operation None Date of 2
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? No
If so, specify

(Signed) P. D. Hauge, M. D.
(Address) 462 No. Jay 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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed *Robert W. Kappeler*
Licensed Embalmer No. *1861*

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.)