

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.

1938  
11/1/1938  
DEC'D SEP 9 1938

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

30047  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township \_\_\_\_\_ Primary Registration District No. 17  
 (c) City Webster Grove (d) Street No. 21 Old Westbury Lane Registered No. 1371  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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 Jacob F. Pfeffle 140  
 (a) Residence, No. 21 Old Westbury Lane St.   
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
40 10 5

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Lawyer  
 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 \_\_\_\_\_

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri  
 13. NAME Henry Pfeffle  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER  
 15. MAIDEN NAME Margaret Heeb  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) Henry Pfeffle  
21 Old Westbury Lane

18. BURIAL, CREMATION, OR REMOVAL  
New St. Marcus Cem. DATE Aug. 13, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Weick Bros.  
2201 So. Grand Blvd.

20. FILE AUG 17 1938 Dr. Meyer M. D. Ben.  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 37, 1937 to Aug 16, 1938  
 I last saw him alive on Aug 16, 1938 Death is said to have occurred on the date stated above, at 7:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary thrombosis  
934

Other contributory causes of importance:  
myocardial Ch.  
Coronary thrombosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Cholesterol 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) a m dr and M. D.  
 (Address) 3651 Grandel way

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Harold P Rowland*

Licensed Embalmer No. *13714*

P. O. Address *Atlanta Ga*

**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.)**

**If this body is not embalmed, above space should be left blank.**