OV 9 - 1938

REC'D DEC 8 1938

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

40359
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 111 — Registered No. 1816
(c) City Richmond Heights — (d) Street No. St. Mary's Hosp. 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 Aurelia E. Pfingsten
(a) Residence, No. 3959 N. 11 Str. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1868

7. AGE: YEARS 70 — MONTHS 54 — DAYS 2 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY) Indiana

FATHER
13. NAME John C. Mayer,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Frederick Pfingsten 3959 N. 11 Str

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 11/10/1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. A. Stock Und. Co 2117 E. Grand Blvd.

20. FILED NOV 9 - 1938 T. R. Meyer M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6. 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/15/34, 19, to 11/6/38, 19
I last saw h ✓ alive on 11/6/38, 19 Death is said to have occurred on the date stated above, at 1245 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthmatic Bronchitis	1934.
106B	
Other contributory causes of importance:	
Bronchiectasis	1 yr.

Name of operation — Date of —
What test confirmed diagnosis? — 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) C. O. Falk, M. D.
(Address) Bennett Bldg. Ft. Louis

Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. O. C. J Falk
2604 Washington
Je. 1800
Res. Ca. 2123

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: Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Gran

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

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