

310141

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

REC'D OCT 14 1939 791

Registration District No. 1008

Primary Registration District No. _____

Registrar's No. 8077

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution:
4020 Glasgow
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 60 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")

(d) Street No. 4020 Glasgow
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Eda Pfaff 100

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward John Pfaff

6. (c) Age of husband or wife if alive Nil years

7. Birth date of deceased Sept. 10 1957
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1939 hour 3 minute 15 M.

21. I hereby certify that I attended the deceased from May 1939
19____ to Sept 18 19____

that I last saw her alive on Sept 18 19____
and that death occurred on the date and hour stated above.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|----------|----------------------|
| <u>82</u> | <u>0</u> | <u>8</u> | hr. _____ min. |

Immediate cause of death Coronary embolus
Varicose veins of legs

Due to _____

Due to _____

9. Birthplace Prairie Du Chien Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Clark

13. Birthplace Unk. Unk.
(City, town, or county) (State or foreign country)

14. Maiden name Unk. Richards

15. Birthplace Unk. Unk.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. Anna Laubach

(b) Address 4020 Glasgow Ave

17. (a) Burial (b) Date thereof Sept. 21 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Wm. G. Kuehl

(b) Address SEP 19 1939 4020 Glasgow Ave

19. (a) 9-19-39 (b) _____
(Date received local registry) (Date received local registry)

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature Wm. G. Kuehl (M. D. or other) _____
Address 8201 N. Broadway Date signed 9/19/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

50M-3-17-39

Rev. 5-17-39

1 x19511

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

Geo. P. Schubert....., Registered Apprentice No.....
working under my personal supervision.

Signed *Geo. P. Schubert*.....

Licensed Embalmer No. *2212*.....

P. O. Address *5118 1/2 Kings Highway*.....

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.