3 1 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37277

Registration District No. 784 Filed NOV 9 1939 Primary Registration District No. 200 Registrar's No. 1923

1. PLACE OF DEATH:

(a) County: Saint Louis 1

(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm: 9-29-39 (Specify whether years, months or days) In this community Unknown

2. USUAL RESIDENCE OF DECEASED: 2

(a) State: Illinois (b) County: -

(c) City or town: Fairfield (If outside city or town limits, write "RURAL")

(d) Street No.: - Route #6 (If rural, give location)

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

3. (a) PRINT FULL NAME: Eugene T. Pfeffer 160

3. (b) If veteran, name war: World

3. (c) Social Security No.: -

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Eva

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

7. Birth date of deceased: December (Month) 11 (Day) 1898 (Year)

8. AGE: Years 40 Months 10 Days 19 If less than one day hr. min.

9. Birthplace: Columbia (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Farmer 1

11. Industry or business: -

FATHER 12. Name: Emil Pfeffer 1

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

MOTHER 14. Maiden name: Louise Harmosek

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

16. (a) Informant's own signature: Clinical Clerk

(b) Address: VAF., Jefferson Barracks, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 11-2-39 (Month) (Day) (Year)

(c) Place: burial or cremation: NATIONAL CEM.

18. (a) Signature of funeral director: C. Hoffmeister & Co.

(b) Address: 7847 S. Broadway

19. (a) OCT 31 1939 (Date received local registrar) (b) D. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30 year 1939 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from September 29, 1939, to October 30, 1939 that I last saw him alive on October 30, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, Pulmonary, chronic, active, far-advanced (C).	Unkn.
Due to	
Due to 23.	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings: Of operations: No operation

Of autopsy: No autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: C. W. HUGHES, Chief Med. Off. (M. D. or other)

Address: VAF., Jeff. Bks., Mo. Date signed: 10-30-39

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 Form I X19511

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.