DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37820

Registration District No. 1003

Primary Registration District No.

Registrar's No. 9659

1. PLACE OF DEATH:

(a) County 1

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 1/2 DAYS. (Specify whether years, months or days)

In this community 3 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 1

(c) City or town ST. LOUIS 5 (If outside city or town limits, write "RURAL")

(d) Street No. 5934 HORTON PLACE (If rural, give location)

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

3. (a) PRINT FULL NAME HENRY PFEIFER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARGARET PFEIFER

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

7. Birth date of deceased MARCH (Month) 8 (Day) 1864 (Year)

8. AGE: Years 75 | Months 8 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RETIRED SWITCHMAN

11. Industry or business MISSOURI PACIFIC R.R.

FATHER
12. Name GEORGE F. PFEIFER 6
13. Birthplace GERMANY (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name ELIZABETH WINDECK
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ann Pfeifer

(b) Address 5934 Horton Place

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof NOV. 13 (Month) (Day) 1939 (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av

19. (a) NOV 13 1939 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10th year 1939 hour 5 12 PM minute ..... M.

21. I hereby certify that I attended the deceased from Sept ....., 19..., to Nov 10, 1939; that I last saw him alive on Nov 10 - 39, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterial Sclerotic Cardiac Disease about 2 to 3 yrs	
Due to: Coronary Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy yes	

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 E. J. Schuler (M. D. or other)

Address 965 Mo Bldg Date signed 11/10/39

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PERMANENT USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address. 312 E Lafayette av

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.