

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40863

RECORDED DEC 9 1939 84
Registration District No. 84

Primary Registration District No. 116

State File No. _____

Registrar's No. 2092

1. PLACE OF DEATH:
 (a) County Mo. St. Louis
 (b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2286 PRINCETON AVE 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days 156

3. (a) PRINT FULL NAME VICTOR EMANUEL PEIFFENER
 3. (b) If veteran, name war _____ 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 AGNES BRINKMAN PEIFFENER 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased FEB. 15 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>9</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation SECTY. TREASURE

11. Industry or business FONKE FUR. Co.

12. Name ALBERT PEIFFENER
 18. Birthplace SWITZERLAND
(City, town, or county) (State or foreign country)

14. Maiden name EMMA HOEMANN
 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Agnes Peiffer
 (b) Address 2286 PRINCETON AVE

17. (a) BURIAL (b) Date thereof Nov. 30 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER + PAUL
 18. (a) Signature of funeral director L. M. Mullen
 (b) Address 5165 DEKMAR BLVD.

19. (a) NOV 28 1939 (b) D. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. 1 (b) County _____
 (c) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL")
 (d) Street No. 2286 PRINCETON AVE
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day November
 year 1939 hour 7:05 minute 9 M.
 21. I hereby certify that I attended the deceased from 7-17-, 1939, to 11-27-, 1939
 that I last saw him alive on 11-27-, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Typhemia Duration 2 mos.

Due to Cystitis - mixed infection 3 mos
10 days

Due to Adeno-carcinoma of Prostate ?

Other conditions 5/10

Major findings:
 Of operations Adeno-carcinoma of prostate - microscopical diagnosis.
 Of 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? _____

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature A. J. Kohls, M.D. (M. D. or other) _____
 Address 467 N. Taylor Date signed 11-28

D¹⁷ Kottke

4627 Taylor
Je. 8703
1-3 PM

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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

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.