. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17900

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 543

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Saint Joseph's Hospital, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days, (Specify whether years, months or days)

In this community 3 days,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

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

(d) Street No. R.F.D.# 2, Easton, Mo. (If rural, give location)

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

3. (a) PRINT FULL NAME Ernest George Pfleiderer, 456

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased August 12th. 1882 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	8	29	____ hr. ____ min.

9. Birthplace Buchanan County, Missouri, (City, town, or county) (State or foreign country)

10. Usual occupation Farmer,

11. Industry or business Farm,

FATHER
12. Name Jacob Pfleiderer,
13. Birthplace Wurtemberg, Germany, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Christina Marie Lutz,
15. Birthplace Wurtemberg, Germany, (City, town, or county) (State or foreign country)

16. (a) Informant Miss Emma A. Pfleiderer

(b) Address R.F.D.# 1, Easton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/40. (Month) (Day) (Year)

(c) Place: burial or cremation Blakeley Cemetery, Halon - Bisele - Bowman Funeral Home

18. (a) Signature of funeral director

(b) Address 319 So.10th.Str.

19. (a) 5/13/40 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th. year 1940 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from May 9, 1940, to May 11, 1940 that I last saw him alive on May 11, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Nephritis	3 wks
Due to Unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Acute Nephritis	
Of autopsy None	

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 John J. Byrne (M. D. ~~or other~~)

Address St. Joseph Date signed 5-13-40

(Licensed Embalmer's Statement on Reverse Side)

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 Wm C Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10 St Joseph Mo

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

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