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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26964

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6860

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
4344 a Prairie Ave 21
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County

(c) City or town St. Louis 9
(If outside city or town limits write "RURAL")

(d) Street No. 4344 a Prairie Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Anthony Theodore Pfyl 400

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gertrude Pfyl

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan (Month) 11 (Day) 1886 (Year)

8. AGE: Years 54 Months 7 Days 1 If less than one day hr. min.

9. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business City Of St Louis

FATHER
12. Name Anthony Pfyl
13. Birthplace Switzerland 7
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Maynard
15. Birthplace St Louis Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Pfyl
(b) Address 4344 a Prairie Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/40 (Month) (Day) (Year)
(c) Place: burial or cremation 1111 Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) AUG 13 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
year 1940 hour 5 minute 30a M.

21. I hereby certify that I attended the deceased from Jan 15, 1940 to Aug 12, 1940;
that I last saw him alive on Aug 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Mistral Segurgitation

Due to

Due to

Other conditions Chr. Interstitial Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy No

Duration

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) No
(b) Date of occurrence No
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? No (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 3919 W Pinnacle Date signed 8/12/40

(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.....

Licensed Embalmer No. 2265

P. O. Address.....

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.