FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3044
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson — Registration District No. 421
(b) Township — Primary Registration District No. 5575a — Registered No. 5
(c) City Crystal City — (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred C. Pfotenhauer 50
(a) Residence, No. 23 Jefferson St. 0 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louise Darst Pfotenhauer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 6, 1880.
7. AGE: Years 60 — Months 11 — Days 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Foreman
9. Industry or business in which work was done, as saw mill, bank, etc.: P.P. Glass Factory
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hermann, Missouri. 0

FATHER
13. NAME: Albert Pfotenhauer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hermann, Mo. 0

MOTHER
15. MAIDEN NAME: Matilda Schuetz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown 0

17. INFORMANT (ADDRESS): Mrs. F. C. Pfotenhauer, Crystal City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakville, Mo. DATE January 21, 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Gentry R. Politte, Crystal City, Mo.
20. FILED Jan 20, 1941 J. E. Rutledge M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 18, 1941
22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1940, to Jan 18, 1941
I last saw him alive on Jan. 18, 1941. Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	Oct. 1940
Cerebral Apoplexy ?	Jan. 18 1941

Other contributory causes of importance: Chronic Nephritis

Name of operation — Date of
What test confirmed diagnosis? None — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. H. Donnell, M. D.
(Address) Crystal City, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.
SS 489-03-3879-50
I X14028

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 Sentry P. Pabitte

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.