

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9009**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2419**

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:
St. Lukes Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Two Weeks.**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis.**
(c) City or town **Richmond Heights.**
(If outside city or town limits, write "RURAL")
(d) Street No. **7040 Stanley Ave.**
(If rural, give location)
(e) Citizen of foreign country? **(Yes or No)**
If yes, name country.....

3. (a) PRINT FULL NAME **Herman J. Pfeifer.**

3. (b) If veteran, name war..... 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 **Pauline Pfeifer.** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **February 23, 1871.**
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 70 | 0 | 23 | hr. min. |

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

10. Usual occupation **Chief Engineer Terminal R.**

11. Industry or business **Retired.**

12. Name **Charles Pfeifer.**

13. Birthplace **Germany.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Rottick.**

15. Birthplace **Germany.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Carl J. Pfeifer.**

(b) Address **6151 McPherson Ave.**

17. (a) **Burial** (b) Date thereof **3-18-41.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery.**

18. (a) Signature of funeral director **Arthur J. Donnelly.**

(b) Address **3840 Lindell Blvd.**
MAR 17 1941 (c) Registrar's signature **J. V. Breach**

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **16th.**
year **1941** hour **2:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 4**
19**41** to **March 16** 19**41**;
that I last saw him alive on **March 16** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bacterial endocarditis**
Probably of more

Due to **Staphylococcus aureus**

Due to.....

Other conditions (Include pregnancy within 3 months of death)
None

Major findings: Of operations.....

Of autopsy **Bacterial endocarditis**
artie + mitral valves

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) (c) Means of injury.....

23. Signature **Walter Baumgartner** (M. D. certifier)
Address **3720 Washington Ave.** Date signed **March 17, 1941**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

000
17
9

#3

W. H. Van Matre
3720 Lafayette
1-1-X

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, W. H. Van Matre
Licensed Embalmer No. 2825
P. O. Address 4370 Lafayette

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, fact should be so stated above.