

No. 2  
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5-17-39  
1 X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 16227  
Registrar's No. 3745

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

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: De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)  
In this community 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4952 Thrush Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nicholas Pfeiffer

3. (b) If veteran, S.S. 496-01-17683 name war None  
(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 Katherine Wolf  
6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov. 19, 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>5</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Nicholas Pfeiffer

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

14. Maiden name Not known

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

16. (a) Informant Mrs. Katherine G. Pfeiffer

(b) Address 4952 Thrush Avenue

17. (a) Burial (b) Date thereof 5/2/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery Math. Hermann & Son

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 2161 East Fair Avenue

19. (a) MAY 1 1941 (b) H. Brudack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 10, 1940 to April 29, 1941  
that I last saw him alive on April 29, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder  
urinary

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. Schumeler (M. D. or other) \_\_\_\_\_  
Address 4991 Thrush Date signed 5-1-41

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

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**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 *William G. Buchholz*

Licensed Embalmer No. *2110*

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, fact should be so stated above.**