

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

FILED AUG 28 1941 791

1003

Registration District No.

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:
1038 Hamilton Ave.
(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 Mo. (b) County
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1038 Hamilton Ave.
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

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17
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3. (a) PRINT FULL NAME Louise C. Pfeffer

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John B. Pfeffer 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 22, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>11</u>	hr. min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Otto Bloess

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Anna Goetz

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant M. F. Pfeffer
 (b) Address 637 Barstow Pl.

17. (a) Burial (b) Date thereof 7/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Charles W. ...
 (b) Address 4911 Washington Bl.

19. (a) JUL 4 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
 year 1941 hour 7 minute 20 a. m.

21. I hereby certify that I attended the deceased from Mar 1 - 1941
 to July 3 1941
 that I last saw him alive on July 3 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death
For advanced Carcinoma of Inguinal region

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

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)
 (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 R. Berg (M. D. or other) mo
 Address 2253 Nebraska Date signed 7/3/41

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 *Thomas P. Penwick*

Licensed Embalmer No. *3793*

P. O. Address *St. Louis*

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

If this body is not embalmed, fact should be so stated above.