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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26245

FILLED AUG 8 1941

Registration District No. 84 Primary Registration District No. 200 Registrar's No. 1612

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

600

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town ~~St. Louis~~ Moline
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dr. Shaver Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 ~~days~~ Mo (Specify whether
In this community 54 years feifer
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4031 Page Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME George 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 Widower
6. (b) Name of husband or wife Cecelia
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased April (Month) 29, (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
62	3	2	hr. min.

9. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
10. Usual occupation Molder
11. Industry or business Unemployed 15 years
FATHER
12. Name Paul Pfeifer
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Ida Bachmann
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Arthur Pfeifer
(b) Address 3339 Lemp Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave.
19. (a) AUG 1 - 1941 (Date received local registrar) E. S. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1941 hour 5 minute 45 P. M.
21. I hereby certify that I attended the deceased from 16 March, 1941, to July 31, 1941
that I last saw him alive on July 31, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis
~~Due to~~ to my knowledge 5 Mo
Due to —
Other conditions 106b
(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 Willis Shaver (M. D. ~~or other~~) O
Address 4932 - Maryland Date signed 8-1-41

(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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis

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, fact should be so stated above.