

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29883

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7222

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

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3338-A Wisconsin 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

3. (a) PRINT FULL NAME Joseph Pfiffner.

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 Katie Pfiffner

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 17th, 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 17 If less than one day
hr. min.

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

10. Usual occupation Black Smith

11. Industry or business _____

12. Name ? Pfiffner.

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

14. Maiden name Unknown

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

16. (a) Informant Katie Pfiffner

(b) Address 3338-A Wisconsin Ave.

17. (a) Cremation (b) Date thereof Sept. 6, 41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory.

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 2623 Cherokee Street.

19. (a) SEP 6 1941 (b) J. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town Saint Louis, 24 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3338-A Wisconsin Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4th,
year 1941. hour 5 minute 0 A. M.

21. I hereby certify that I attended the deceased from Sept 4 1941, to June 15, 41 1941,
that I last saw him alive on Sept 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Kidney

Due to _____

Due to _____

Other conditions Metastases
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 51

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature C. E. Moeller (M. D. or other) D

Address 3537 S. Jefferson Date signed Sept 15/41

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 *W E Morris*

Licensed Embalmer No. *3360*

P. O. Address *2623 Cherokee*

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.