

FILED FEB 10 1942

State File No.

Registrar's No.

18

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Saint Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2825 South 20th. Street,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community 17 years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan  
(c) City or town Saint Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2825 South 20th. Street,  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Elmer Jacob Pfeleider

3. (b) If veteran, name war. None (c) Social Security No. 491-09-0910

4. Sex Male (b) Color or race White (c) Single, widowed, married, divorced, or separated Married

6. (b) Name of husband or wife Ella Pfeleider, (c) Age of husband or wife if alive 30 years

7. Birth date of deceased April 3rd. 1900 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
41 9 3 hr. min.

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

10. Usual occupation Butcher, Beaty Stores,

11. Industry or business

MOTHER FATHER { 12. Name William Pfeleider, 13. Birthplace Unknown, Germany, 14. Maiden name Amella Burkhardt, 15. Birthplace Unknown, Germany, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elmer J. Pfeleider (b) Address 2825 South 20th. Street,

17. (a) Burial (b) Date thereof 1/8/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blakely Cemetery,

18. (a) Signature of funeral director (b) Address 319 So. 10th. Street, Home

19. (a) Jan 7, 1942 (b) Nestlebus (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month January day 6th. year 1942 hour 9:00 minute 8. M.

21. I hereby certify that I attended the deceased from Jan 6 1942 to Jan 6 1942, that I last saw him alive on Jan 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis, Mitral Insufficiency, Chronic Asthma. Duration 2 yrs, 2 yrs, 2 yrs.

Due to Chronic Asthma. Due to 928

Other conditions (Including pregnancy within 3 months of death) This man died suddenly at his home after a disability of two years. Of autopsies NO ED had a slight stroke in 1939.

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 2 Coronar. 23. Signature H F Mundy (M. D. or other) Address 424 So 3d Date signed 1/7/42

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

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 7-6-42

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Wm E Summerfield

Licensed Embalmer No. 2067

P. O. Address 219 So 10 St Memphis TN

**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.**