

FILED MAY 7 1942 791

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3622

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

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:
4431 So. Broadway
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LOUISE PFLUEGER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 16, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER

12. Name Johannes Beiger

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

14. Maiden name Agatha

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

16. (a) Informant M. Jones
 (b) Address 4431 S. Broadway, St. Louis, Mo

17. (a) Burial (b) Date thereof 4/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Chas. E. ...

(b) Address 6464 Chippewa St. Louis, Mo.

19. (a) APR 23 1942 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

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. 4431 S. Broadway
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd
 year 1942 hour 10:30 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from April 14 to April 22, 1942
 that I last saw her alive on April 14, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis 5 yrs
Hypertension 5 yrs

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none
 Of autopsy none

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) no
 (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) _____
 Means of injury _____

23. Signature Chas. E. ... (M. D. or other) M.D.
 Address 3740 Washington Date signed 4/23/42

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

Louis C. Hoffmeister

Licensed Embalmer No.

3471

P. O. Address

7414 S. Broadway

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.