

FILED NOV 4 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8814**

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:
Deaconess Hosp.
(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 Agnes Pfitzer

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

4. Sex Fem. / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jacob Pfitzer 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased January 26 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>8</u>	<u>26</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER {

12. Name Not Known

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

14. Maiden name Graupner

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

16. (a) Informant Max Pfitzer (Son)

(b) Address St. Charles Pl. Shrews.

17. (a) Burial (b) Date thereof Oct. 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester Av.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State No. (b) County St. Louis ^{9/6}

(c) City or town Shrewsbury ^{NR. 0}
(If outside city or town limits, write "RURAL")
7224 Linden
(If rural, give location)

(d) Street No.....

(e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from 9 1942 to 9. 22 1942
 that I last saw h.e.r. alive on 9. 21 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis ^{1 year}

Due to Senility

Other conditions Plural effusion (right) ^{6 weeks}

PHYSICIAN

Major findings:
 Of operations.....
 Of autopsy.....

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?
(Specify type of place) (e) Means of injury.....

While at work?.....

23. Signature T. B. Baker (M. D. or other) M. D.
 Address 2816 Sutton Ave Date signed 10-23-42

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.....

Licensed Embalmer No. 1861

P.O. Address.....

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.