

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4635**
1874
Registrar's No. _____

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **City of St. Louis**
(b) City or town _____
(c) Name of hospital or institution: **Deaconess Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Hours**
In this community **43 Years**
years, months or days

3. (a) PRINT FULL NAME **Elizabeth A. Pfeffer**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **female**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Phillip R. Pfeffer**
6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **June 29 1876**
(Month) (Day) (Year)

8. AGE: Years **66** Months **7** Days **23**
If less than one day _____ hr. _____ min.

9. Birthplace **Sparta Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

12. Name **Andrew A. McCormick**

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

14. Maiden name **Margarettae Glenn**

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

16. (a) Informant **Phillip R. Pfeffer**
(b) Address **4407 Shaw Blvd.**

17. (a) **Burial** (b) Date thereof **2-26-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Peter Cemetery**

18. (a) Signature of funeral director **Southern Funeral Home**
(b) Address **6322 So. Grand Blvd.**

19. (a) **FEB 25 1943** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**
(a) State **Missouri** (b) County **City St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4407 Shaw Blvd.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **22nd**
year **1943** hour **8:00** minute _____ P. M.
21. I hereby certify that I attended the deceased from **12:00**
7 19**42** to **Feb 22** 19**43**
that I last saw him alive on **2-22** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY Thrombosis.**
Duration **24 hrs.**

Due to **ED. Fluency** **2 1/2 weeks**

Due to _____ **2 1/2 weeks.**

Other conditions **primary anemia**
(Include pregnancy within 3 months of death) **Secondary**

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) _____
(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 **J. F. Bredeck** (M. D. or other) **M. D.**
Address **4581 1/2 Manchester** Date signed **2-25-43**

*Dr. P. M. Webb
4501 E. Manchester*

*10-12
3-5*

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 *Virgil L. Berryman*
Licensed Embalmer No. *4018*
P. O. Address *St. Louis, Mo.*

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.