

FILED FEB 23 1943

Registration District No. 1002 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Desloge Hospital
 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12
 (c) City or town St. Louis,
 (If outside city or town limits, write "RURAL") 917
 (d) Street No. 3518 Henrietta
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Richard V. Pfeiffer
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Katherine 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 8, 1887
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 2 4 hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name ? Pfeiffer
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Earl Pfeiffer
 (b) Address 3518 Henrietta

17. (a) Burial (b) Date thereof 2/15/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) FEB 1943 (b) 1943
 (Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
 year 1943 hour 3 minute 45 P.M.
 21. I hereby certify that I attended the deceased from Feb. 11
1943, to Feb. 12, 1943;
 that I last saw him alive on Feb. 12, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from Esophageal varices
 Due to Cirrhosis of Liver several years
 Due to Dietary Deficiency
 Other conditions (Include pregnancy within 3 months of death) _____

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Major findings: Of operations None
 Of autopsy Cirrhosis of Liver, Esophageal varices, Ascites

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 Raymond J. ... (M. D. or other) MD
 Address Firm: Orly, Mo. Date signed 2-12-43

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

MOTHER FATHER

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.....

Glenn E. Smith

Licensed Embalmer No.....

1284

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.