S. No. 2
M—5-42
v. 5-17-39
X32

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16476

FILED JUN 4 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4843

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: 2 City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3yrs 10mos 5das (Specify whether
In this community 50 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 913 ~~75~~
(If outside city or town limits, write "RURAL")

(d) Street No. 4227a Virginia
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ELLA PFENNINGER

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 23 (Day) 1892 (Year)

8. AGE: Years 50 Months 9 Days 24 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name John Pfenninger
13. Birthplace unknown (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Anna ----
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal St

17. (a) Cremation (~~Burial~~, cremation, ~~or removal~~) (b) Date thereof 5 27-43 (Month) (Day) (Year)
(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. G. White
(b) Address City Hospital No. 1

19. (a) MAY 28 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1943 hour 9:05 minute P M.

21. I hereby certify that I attended the deceased from July 12, 1939 to May 17-1943, 19..; that I last saw her alive on May 17-1943, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	1939X
Pulmonary Edema	1 day.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy yes

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)
(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)
While at work? (e) Means of injury

23. Signature M. L. Moore (M. D. or other) M.D.
Address 5400 Arsenal St. Date signed 5/18/43.

(Licensed Embalmer's Statement on Reverse Side)

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.....Harry E Jelley

Licensed Embalmer No.....4078

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.