

FILED JUL 31 1943
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6613**

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
(Specify whether
In this community **Birth**
years, months or days)

3. (a) PRINT FULL NAME **Peter Pfeffer**

3. (b) If veteran, name war **None** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Augusta Pfeffer nee Schuttenhelm** 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **November 12, 1875**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	8	9	hr. _____ min. _____

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

10. Usual occupation **Retired Fireman**

11. Industry or business **Pullman Co.**

MOTHER { 12. Name **Henry Pfeffer**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Augusta Pfeffer**

(b) Address **5738 Terry Ave**

17. (a) **Burial** (b) Date thereof **7/24/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **JUL 22 1943** (Date received local registrar)
J. F. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **96**
(d) Street No. **5738 Terry Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21**,
year **1943** hour **7:35 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **6-22-43**
_____, 19____, to **7-21-43**, 19____;
that I last saw him alive on **7-20-43**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **1 mo**

Due to **arteriosclerosis** **Don't know**

Due to _____

Other conditions (include pregnancy within 3 months of death) **83**

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of Injury _____

Walter H. Provencher (M. D. or other)

Address **1506 87th Ave** Date signed **7-21-43**

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

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..... *W. Edward G. Burnley*
Licensed Embalmer No..... *4202*
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.