

FILED JAN 21 1944

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 11983

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Clayton
(If outside city or town limits, write "RURAL") NR
(d) Street No. 7536 Wydown Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Freda S. Pfeffer

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 Widow

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 52 -- -- hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____
MOTHER FATHER { 12. Name Herman Silberstein
13. Birthplace Russia 6
(City, town, or county) (State or foreign country)
14. Maiden name Esther Goldstein
15. Birthplace New York N.Y. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Peggy Pfeffer
(b) Address 7536 Wydown Blvd.

17. (a) Burial (b) Date thereof 1-2-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director Herman Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) DEC 31 1943 (b) J. F. Muesch
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1943 hour 4 minute 05 P.M.

21. I hereby certify that I attended the deceased from Nov.
1940 to Dec 31 1943
that I last saw her alive on Dec. 31 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 1/2 days

Due to Art. Sc. 4 Hygentosus C-V. D. 5 3 yr.

Due to _____
Other conditions Diabetes Mellitus 3 yr.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy 61
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 Arthur E. Strahl (M. D. or other) MD
Address 539 N Grand Date signed 1/1/44

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 William Herons

Licensed Embalmer No. 4319

P. O. Address 5216 Delmar

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.