V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26509

Registrar's No. 7219

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: ST. ANTHONY'S HOSP. O (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: 000

(a) State MO (b) County 17

(c) City or town St. Louis 914 (If outside city or town limits, write "RURAL")

(d) Street No. 5815 Nottingham Ave. (If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME Flora M. PFeiffer

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Dr. Walter B. PFeiffer

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Feb. (Month) 13 (Day) 1910 (Year)

8. AGE: Years 34 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Sullivan Mo (City, town, or county) O (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name JAMES ARTHUR Kidwell
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Ida ANN WARNHOFE
15. Birthplace CUBA (City, town, or county) MO. O (State or foreign country)

16. (a) Informant Dr. Walter B. Pfeiffer

(b) Address 5815 Nottingham Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-44 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Witt Bros. L. & U. Co.

(b) Address 2929 S. Jefferson Av.

19. (a) AUG 18 1944 (Date received local registrar) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17 year 1944 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from Aug 17 1944 to Aug 17 1944 that I last saw her alive on Aug 17 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Purulent Trachea-Bronchitis with atelectasis left lung — Duration 3 days

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) 106

Major findings: Of operations

Of autopsy Trachea Bronchitis — Atelectasis Lung — Dilatation Rt. Heart

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 O

23. Signature Robert G. Warner (M. D. or other) MD

Address Paul Brown Bldg Date signed Aug 18-44

(Licensed Embalmer's Statement on Reverse Side) St Louis MO

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

Homer Ponder, Registered Apprentice No.

working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address

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.