V. S. No. 2
100M—5-43
Rev. 5-17-39
No. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39702

FILED DEC 27 1944 318

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 10713

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

1. PLACE OF DEATH:

(a) County

(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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 49 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5446 Tholozan
(If rural, give location)

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

If yes, name country –

3. (a) PRINT FULL NAME PFABE, Erna

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 Married

6. (b) Name of husband or wife Max Pfabe

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Feb. (Month) 27 (Day) 1895 (Year)

8. AGE: Years 49 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Max Huhle
13. Birthplace ~~Germany~~ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Lungwitz
15. Birthplace ~~Germany~~ (City, town, or county) Germany (State or foreign country)

16. (a) Informant Max Pfabe
(b) Address 5446 Tholozan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. (Month) 19 (Day) 1944 (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a)[1] Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Ave.

19. (a) DEC 16 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15-4 year 1944 hour 11 minute 20 9 M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — *Duration*

Due to Pulmonary Embolism

Due to

Other conditions (Include pregnancy within 3 months of death)

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

23. Signature Patrick E. Taylor (M. D. or other)
Address Date signed 12/16/44

(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.....

Licensed Embalmer No. 3737

P. O. Address 1936 N. Lou

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.