

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36571

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8657**

1. PLACE OF DEATH:

(a) County St. Louis Mo
(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:
5640 Neosho St
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 17 14
(If outside city or town limits, write "RURAL")
(d) Street No. 5640 NEOSHO AVE 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH WOLFENSPERGER

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 Widowed

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

7. Birth date of deceased Jan 11 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 8 24 hr. min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Anthony Pfeiffer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Reither

(b) Address 5640 Neosho St.

17. (a) Burial (b) Date thereof 10 8 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director KRIEGERHAUSER

(b) Address 4227 S. KINGS HIGHWAY

19. (a) OCT 7 1945 J. B. Benedek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 5
year 1945 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from 3/10/37
to 10/5/45 that I last saw her alive on 10/5/45 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 10 yrs

Due to Arterial sclerosis 10 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93

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 _____

23. Signature William H. Smith (M. D. or Chm.) 10/5/45
Address 3450 Grand Ave. Date signed _____

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

MOTHER FATHER

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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..... *Chwin D. Mc Dermott*

Licensed Embalmer No..... *3024*

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.