S. No. 2
M—5-43
v. 5-17-39
o I X36671

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

29667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

#52424

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 776

FILED JAN 21 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 157

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(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:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3037 N. Sarah
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH PFEIFFER

3. (b) If veteran, name war no

3. (c) Social Security No. 493-07-9714

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 16 (Day) 1897 (Year)

8. AGE: Years 48 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Kilian Pfeiffer
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Phueffer
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Rose Marie Poplow
(b) Address 5316 ~~Enright~~ Zealand

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director
(b) Address 2117 E. Grand

19. (a) JAN 7 1946 (Date received local registrar) J. F. Briedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th year 1946 hour 11:15 minute P. M.

21. I hereby certify that I attended the deceased from 1/2/46, 19, to 1/4/46, 19; that I last saw him alive on 1/4/46, 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Myxedema

Due to

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 James J. Stout (M. D. or other)
Address 1515 Lafayette Date signed 1/5/46

(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 Frank A Moore

Licensed Embalmer No. 3241

P. O. Address 7117 E. Grand

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.