

FILED APR 5 1946

State File No. _____
Registrar's No. **2860**

Registration District No. **318**

Primary Registration District No. **1003**

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:
CITY HOSPITAL NO 1 - U
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **14 DAYS**
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

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

(d) Street No. **4900 A Devonshire**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM PFAFF**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **26**
year **1946** hour **1:35** **PM.** 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.

4. Sex **MALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MARY PFAFF**

6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **MAY 13, 1860**
(Month) (Day) (Year)

Immediate cause of death _____

Due to **Generalized Atherosclerosis**

Due to **Senility**

Other conditions **Pain**
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
79	10	13	hr. _____ min. _____

Major findings: **99**

Of operations _____

Of autopsy _____

9. Birthplace **ST LOUIS MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **ROOFER**

11. Industry or business **TAR ROOFER**

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? _____

MOTHER FATHER

12. Name **HENRY PFAFF**

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

14. Maiden name **MARGARET BECKER**

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

23. Signature **John C. E. Taylor** (M.D. or other) _____
Address _____ Date signed _____

16. (a) Informant **MARY PFAFF**

(b) Address **4900 A DEVONSHIRE**

17. (a) **BURIAL** (Burial, cremation, or removal)

(b) Date thereof **MAR. 29/46**
(Month) (Day) (Year)

(c) Place: burial or cremation **NEW ST MARCUS**

18. (a) Signature of funeral director **John C. E. Taylor**

(b) Address **2906 Devonshire Ave**

19. (a) **MAR 27 1946** (Date received local registrar)

(b) **J. F. Bredeck** (Registrar's signature)

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

10439

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.....

Leo J. Budde

Licensed Embalmer No.....

3989

P. O. Address.....

St. Louis, Mo

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.