

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42836**

FILED JAN 21 1949  
Registration District No. **577**

Primary Registration District No. **6076**

Registrar's No. **2956**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **Sappington**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**#9 Sappington Acres**  
(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 **Mo.** (b) County **St Louis**  
(c) City or town **Sappington, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **#9 Sappington Acres**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ERWIN L. PFIRMAN**  
(b) If veteran, name war **World War # 1**  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **24th**  
year **1948** hour **7:35** minute \_\_\_\_\_ P.A.M.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
**Margaret J.**  
7. Birth date of deceased **Sept. 16 1892**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **2-7-48**, 19\_\_\_\_ to **12-24-48**, 19\_\_\_\_;  
that I last saw him alive on **12-24-48**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**56** **3** **8** hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death  
**Coronary thrombosis** **10 minutes**

9. Birthplace **Quincy Illinois**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to **94a**

10. Usual occupation **Salesman**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business **West End Pontiac**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **H**  
Underline the cause to which death should be charged statistically.

12. Name **Bernard Pfirman**

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

14. Maiden name **Emma Bentley**

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

16. (a) Informant **Margaret J. Pfirman**

(b) Address **#9 Sappington Acres**

17. (a) **Burial** (b) Date thereof **12/28/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **Kriegshausler Und.**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **12-27-48** (b) **Erwin L. Pfirman**  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature **O. C. Pfirman** (M. D. or other) \_\_\_\_\_  
Address **45235 Kingshighway** Date signed **12/26/48**

MOTHER, FATHER

MAR 17 1950

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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 William B White

Licensed Embalmer No. 4291

P. O. Address 4228 So Kings Hwy

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**