

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17583  
4301

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY <i>and</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <i>3</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <i>17</i>	
c. LENGTH OF STAY (In this place) 15 yrs		d. STREET ADDRESS (If rural, give location) 2715 St. Vincent Street <i>8</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hosp. #1			

3. NAME OF DECEASED (Type or Print) a. (First) Della b. (Middle) PEIFER c. (Last) PEIFER			4. DATE OF DEATH (Month) (Day) (Year) May 11 1949		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Apr. 9, 1887		9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jacksonville, Kentucky	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE James Peifer
-------------------------------	--------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Clarence Peifer	ADDRESS 2007 So. Jefferson
--	-------------------------	--	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Ruptured Heart</i>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
---	--	---	--	----------------------------------

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>92</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>H... ..</i>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *1030P* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Patrick E Taylor Cor 2</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>5-13-49</i>
---	-----------------------------------	------------------------------------

24a. BURIAL: CREMATION, REMOVAL (Specify) burial	24b. DATE 5-16-49	24c. NAME OF CEMETERY OR CREMATORY Mount Hope	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
---	----------------------	--	---

DATE REC'D BY LOCAL HEALTH DEPT MAY 13 1949	REGISTRAR'S SIGNATURE <i>J. B. Lacator</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Allen A. McLaughlin</i>	ADDRESS <i>2301 Lafayette</i>
--	---	--	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

Cooper

12

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*O. W. Cooper*

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

**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.