

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39166

State File No. 10058  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>96</b>		d. STREET ADDRESS (If rural, give location) <b>6742 Raymond Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospt</b>				d. STREET ADDRESS (If rural, give location) <b>6742 Raymond Ave</b>			
3. NAME OF DECEASED a. (First) <b>Anthony</b>			b. (Middle) <b>Piffel</b>			c. (Last) _____	
4. DATE OF DEATH		(Month) <b>Nov</b>		(Day) <b>22</b>		(Year) <b>1949</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 8 1874</b>	
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <b>Austria 4</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assembler</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Electric Mfg</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Anthony Piffel</b>			13b. MOTHER'S MAIDEN NAME <b>Dont Know</b>			14. NAME OF HUSBAND OR WIFE <b>Anna Piffel</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>494-09-0370</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Anna Piffel</b> ADDRESS <b>6742 Raymond Ave</b>			
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, asthemia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chromia myocentites</b></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Bronchitis</b></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>					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) <b>96</b>		21f. HOW DID INJURY OCCUR <b>4222</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>9-8</b> , 19 <b>49</b> , to <b>11-20</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>11-20</b> , 19 <b>49</b> , and that death occurred at <b>7:10 A.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>W. Schumacher, M.D.</b> (Degree or title)				23b. ADDRESS <b>4991 Thrush</b>		23c. DATE SIGNED <b>11-22-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov 25 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cent.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>NOV 22 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Sarater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. W. Clark</b> ADDRESS <b>1125 Hodiament Ave</b>			

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

Dr. C. W. Schumacher

4991 Thrush Ave

Go 3100

1 to 4

*mel*

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

*Alfred J. Baedeker*

Licensed Embalmer No. *2663*

P. O. Address *1125 Hedemann*

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.