

5- No. 300  
v. 10-48

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7189

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **528**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>MANCHESTER</b>	c. LENGTH OF STAY (in this place) <b>2 YRS.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>JENNINGS</b> <b>430</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MANCHESTER Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>2606 Mc LAREN Ave</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bridget</b> b. (Middle) <b>Pfeiffer</b> c. (Last) <b>Pfeiffer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 / 28 / 50</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>2/22/1870</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>FRANK PFEIFFER (HUSBAND)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William J. Pfeiffer (Son) 2606 Mc LAREN</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anger of St. foot</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mths</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Severe arteriosclerosis</b>		
	DUE TO (c) <b>Ch.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Ch. myocarditis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>450.1</b>	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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Dec**, 19**49**, to **Feb 28**, 19**50**, that I last saw the deceased alive on **Feb 27**, 19**50**, and that death occurred at **11:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ch. Denny MD</b> (Degree or title)	23b. ADDRESS <b>Crown Point, Mo</b>	23c. DATE SIGNED <b>3-1-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3/2/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>MAR 1 1950</b>	REGISTRAR'S SIGNATURE <b>Herbert Colombo MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Frank Pfeiffer 610 W. Elliman Ave.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Mark Klemm.....

Licensed Embalmer No. 4174.....

P. O. Address 1100 W. Flamingo.....

**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.