

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44064**

No. 300
10-48

FILED JAN 2 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **3190**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Richmonds Heights		c. LENGTH OF STAY (If in this place) 9 days	
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 4240 Arsenal Street	
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD P b. (Middle) - c. (Last) PFEIFFER		4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 4, 1867
9. AGE (In years last birthday) 85		10. MONTHS 4	11. DAYS 8
10a. USUAL OCCUPATION (Give kind of work during most of working life even if retired) Retail Merchant		10b. KIND OF BUSINESS OR INDUSTRY Shoe	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jonas M. Pfeiffer	
13b. MOTHER'S MAIDEN NAME Fannie Block		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Jonas Larbson-3701 Humphrey St.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease with acute heart failure ANTECEDENT CAUSES Peptic ulcer with hemorrhage DUE TO (b) 5400 DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastroenterostomy 12/11/52	
INTERVAL BETWEEN ONSET AND DEATH 12 hr.		36 hr.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Peptic ulcer. 12/11/52.		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 12-4 - 1952 , to 12-12 - 1952 , that I last saw the deceased alive on 12-12 - 1952 , and that death occurred at 7:30 m. , from the causes and on the date stated above.			
23a. SIGNATURE Harry K. Purcell M.D.		23b. ADDRESS 4660 Waverland St. Louis 8 Mo.	23c. DATE SIGNED 12/13/52.
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12/15/52	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
DATE REC'D BY LOCAL REG. 12-14-52	REGISTRAR'S SIGNATURE Hank R. Donohue - M.D.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. J. ...	

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

John K. Miller

Licensed Embalmer No. *3880*

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.