

FILED FEB 1 1953

STANDARD CERTIFICATE OF DEATH

State File No. 2728

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BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No.

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saint Charles	
b. CITY (If outside corporate limits, write RURAL and give township) Saint Charles		c. CITY (If outside corporate limits, write RURAL and give township) Saint Charles 0923	
c. LENGTH OF STAY (in this place) 16 yrs.		d. STREET ADDRESS (If rural, give location) 723 Clay 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Carmelite Home			

3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) E.		c. (Last) Pfeiffer		4. DATE OF DEATH (Month) (Day) (Year) Jan. 24, 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH Jan. 4, 1870	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 0		IF UNDER 1 YEAR Days 20		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teaching		10b. KIND OF BUSINESS OR INDUSTRY public schools		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Charles Pfeiffer		13b. MOTHER'S MAIDEN NAME Josephine Bodenreith		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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Oliver Denker, St. Charles, Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH Sudden	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary Sclerosis			
		DUE TO (c) Arterio Sclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Scurvy 4201			

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)	
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 Jan 10, 1930, to Jan 24, 1953, that I last saw the deceased alive on Jan 23, 1953, and that death occurred at 10A m., from the causes and on the date stated above.

23a. SIGNATURE Jan Pinkess MD		23b. ADDRESS St Charles, Mo.		23c. DATE SIGNED Jan 26, 1953	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 27, 1953		24c. NAME OF CEMETERY St. Charles Borromeo		24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.	
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DATE REC'D BY LOCAL REG. Jan 26 1953		REGISTRAR'S SIGNATURE Hamilie H... 289		25. FUNERAL DIRECTOR'S SIGNATURE R. E. D... St. Charles, Mo.		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank R. Quinlan

Licensed Embalmer No. 7832

P. O. Address St. Charles, 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.