

STANDARD CERTIFICATE OF DEATH

State File No. **34670**

FILED OCT 2 - 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2856**

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) OR TOWN Koch Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION ROBERT KOCH HOSPITAL		d. STREET ADDRESS (If rural, give location) 2105 a 77. 14th St.	

3. NAME OF DECEASED (Type or Print)	a. (First) LOUIS	b. (Middle) LEO	c. (Last) PFEFFERKORN	4. DATE OF DEATH (Month) (Day) (Year) SEPT 16 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 17, 1890	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) PORTER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and State or Foreign Country) CAPE GIRARDEAU, MO		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME MATTHEW PFEFFERKORN	13b. MOTHER'S MAIDEN NAME CAROLINE GEORGIA	14. NAME OF HUSBAND OR WIFE CLARICE PFEFFERKORN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-03-8912	17. INFORMANT'S SIGNATURE OR NAME ROBERTS ROBERT KOCH HOSPITAL KOCH, MO	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 002X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **AUG 18, 1953** to **SEPT 16, 1953**, that I last saw the deceased alive on **SEPT 15, 1953** and that death occurred at **7:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. J. Janis	(Degree or title) MD	23b. ADDRESS ROBERT KOCH HOSPITAL KOCH MO	23c. DATE SIGNED 9-16-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Rail	24b. DATE 9/18/53	24c. NAME OF CEMETERY OR CREMATORY Cemetery at Kelsor, Mo.	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
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DATE REC'D BY LOCAL REG. 9/17/53	REGISTRAR'S SIGNATURE Hebert K. Somke	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz	ADDRESS 4828 Natural Bridge Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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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 Ralph C. Zinders

Licensed Embalmer No. 4275

P. O. Address 50 Larkin, 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.