

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17265

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4210

1. PLACE OF DEATH a. COUNTY				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 St. Louis		c. LENGTH OF STAY (In this place) life		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3405 Humphrey St.				e. STREET ADDRESS (If rural, give location) 16 3405 Humphrey St. 216%			
3. NAME OF DECEASED (Type or Print)		a. (First) F.		b. (Middle) WALTER		c. (Last) PFEIFER	
4. DATE OF DEATH		(Month) (Day) (Year)		May 9, 1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, 9 WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 15, 1865	
9. AGE (In years last birthday)		If UNDER 1 YEAR Months Days		If UNDER 1 HR. Hours Min.		89	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer		10b. KIND OF BUSINESS OR INDUSTRY Plastering		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Fred Pfeifer		13b. MOTHER'S MAIDEN NAME Elizabeth Windecker		14. NAME OF HUSBAND OR WIFE Adele Eckhardt Pfeifer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy G. Pfeifer, 3411 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TRAUMATIC SHOCK  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CONCUSSION OF BRAIN -DUE TO (a) AND RIGHT COLLES FRACTURE  II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS AND SENILITY  INTERVAL BETWEEN ONSET AND DEATH 5/11/54				J. P. Loving 5/11/54	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION -				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) AT HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 3405 HUMPHREY STR., ST. LOUIS, MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MAY 9 1954 5:30 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? SLIPPED AND FELL ON STAIRWAY E9000			
22. I hereby certify that I attended the deceased from DEC. 10 <sup>57</sup> , to MAY 9, 1954, that I last saw the deceased alive on MAY 9, 1954, and that death occurred at 12:15 PM., from the causes and on the date stated above. 21							
23a. SIGNATURE B. P. Loving M.D.				23b. ADDRESS BALLWIN, MO.		23c. DATE SIGNED 6-10-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE May 12, 1954		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. MAY 11 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

Dr. Rush B. Loving,  
Ballwin, Mo.  
Phone: Lafayette 7-2304

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 None  
Signature of Student Embalmer

Signed Felix J. Kriska

Licensed Embalmer No. 3

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.