

FILED SEP 2 1954

STANDARD CERTIFICATE OF DEATH

29154
State File No. 7368

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

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) 30 Years
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: 1525 Benton Street, 6. e. STREET ADDRESS (If rural, give location) 26 1525 Benton Street, 6, 2269

3. NAME OF DECEASED a. (First) MARY b. (Middle) PFIFER c. (Last) PFIFER 4. DATE OF DEATH August 7th, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH April 12th, 1887 9. AGE (In years last birthday) 67

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and State or Foreign Country) Austria-Hungary 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Wittner 13b. MOTHER'S MAIDEN NAME Elizabeth (Unknown) 14. NAME OF HUSBAND OR WIFE Late Simon Pfifer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME Mr. John Pfifer, 1446a Warren Street, 6, ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 1 d
ANTECEDENT CAUSES DUE TO (b) Chronic Hypertension 2 yrs
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Myocardial damage Diabetus
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 NO

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) _____ m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1961, 19____, to 8/7, 1954, that I last saw the deceased alive on 8/7, 1954, and that death occurred at 7:45P m., from the causes and on the date stated above. 4201

23a. SIGNATURE J. O. Peels M.D. (Degree or title) 23b. ADDRESS 2305 W. Howard 23c. DATE SIGNED 8-9-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8/11/54 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. AUG 9 1954 REGISTRAR'S SIGNATURE J. Carl Smith M.D. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FURNERAL HOME, INC., St. Louis, 15, Mo.

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

Call him Monday AM for appointment.

File in City

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.....
Signature of Student Embalmer

Signed..... *Ralph C. Linder*.....

Licensed Embalmer No. 427.

P. O. Address..... *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.