

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

29424

FILED AUG 23 1954

State File No. _____
REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 590 Registrar's No. 1975

No. 300
10-48

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

BIRTH NO. _____		REG. DIST. NO. <u>717</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>1975</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE No. _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Beckley</u>		c. LENGTH OF STAY (In this place) <u>5 weeks</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Edgewood Retreat</u>				e. STREET ADDRESS (If rural, give location) <u>5520 Pershing Ave</u> 2129			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SIDNEY</u> b. (Middle) _____ c. (Last) <u>PFEIFFER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 13 1954</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 7, 1863</u>	
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Broker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New York City</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Phillip Pfeiffer</u>		13b. MOTHER'S MAIDEN NAME <u>Johannah Dettelbach</u>		14. NAME OF HUSBAND OR WIFE <u>Lena O. Pfeiffer (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eugene Straus 275 N. Union</u>			
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) <u>Bronchopneumonia</u> <u>dementia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Hypertension + arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>heart disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>72 hours</u> <u>years</u> <u>years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200					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) m.		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 <u>May</u> , 19 <u>45</u> , to <u>Aug 13</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Aug 10</u> , 19 <u>54</u> , and that death occurred at <u>11:55</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Shirley M. Sale M.D.</u>				23b. ADDRESS <u>4500 Olive St.</u>		23c. DATE SIGNED <u>8/14/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>8/15/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/14/54</u>		REGISTRAR'S SIGNATURE <u>Heber R. Tomkey</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>4356 Lindell Blvd</u>		

(Licensed Embalmer's Statement on Reverse Side)

✓
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 *Robert M. Murray*.....

Licensed Embalmer No. *374*.....

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.