

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **697**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Kinloch #109
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		STREET ADDRESS (If rural, give location) 418 Lehoave	

3. NAME OF DECEASED a. (First) Charles b. (Middle) Mack c. (Last) Pfeifer			4. DATE OF DEATH (Month) (Day) (Year) 3 21 55		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 26, 1898	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY unk.	11. BIRTHPLACE (City and State or Foreign Country) Greenville, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mack Pfeifer		13b. MOTHER'S MAIDEN NAME Louise Reed		14. NAME OF HUSBAND OR WIFE Lena Pfeifer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 511-14-4239		17. INFORMANT'S SIGNATURE OR NAME Lorraine Davis ADDRESS Box 107, Scott, Ark.	

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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Supraventricular tachycardia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Chronic asthima		
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Paradoxical pulmonary tuberculosis		
DUE TO (b) Anteroseptal heart disease		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? 002X YES <input type="checkbox"/> NO <input 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 **3-20**, 19**55**, to **3-21**, 19**55** that I last saw the deceased alive on **3-21**, 19**56**, and that death occurred at **7:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Clark L. Hagler MD (Degree or title)		23b. ADDRESS 601 S. Brentwood		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 26, 1955		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, MO	
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DATE REC'D BY LOCAL REG. 3/25/55		REGISTRAR'S SIGNATURE Robert K. Lamb		25. FUNERAL DIRECTOR'S SIGNATURE English Undertaking Co. ADDRESS 1123 N. Taylor	
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Wallace R. Williams

Licensed Embalmer No. *492*
4554 Lexington
P. O. Address

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.