

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44866

FILED JAN 29 1957

318

1003

STATE FILE NUMBER
12010

Registration District No. Primary Registration District No. 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 St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		c. CITY OR TOWN Maplewood 4544	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.		d. STREET ADDRESS 7221 Anna Avenue	

3. NAME OF DECEASED (Type or print) EMIL PFEIFFER			4. DATE OF DEATH Dec. 28th, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 3rd, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Grocery Co. Koenning-Schlapp		11. BIRTHPLACE (City and state or country) Millstadt, Illinois	
13. FATHER'S NAME Jacob Pfeiffer			14. MOTHER'S MAIDEN NAME Caroline Fischer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Edward E. Pfeiffer, 1900 Driftway Dr. 14,	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 48hrs.
DUE TO (b) Arteriolar Nephrosclerosis		1 month
DUE TO (c) Generalized Arteriosclerosis		2 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
Hypertensive cardiovascular disease 442x		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 12-10-56 to 12-28-56 and last saw her/him alive on 12-28-56		
Death occurred at 4:05P m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>J. J. [Signature]</i>	22b. ADDRESS M.D. 634 N. Grand Blvd.	22c. DATE SIGNED 12-29-56

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal-Motor	23b. DATE 12/31/56	23c. NAME OF CEMETERY OR CREMATORY Mt. Evergreen Cemetery	23d. LOCATION (City, town, or county) (State) Millstadt, Illinois
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., St. Louis, 15, Mo.		25. DATE RECD. BY LOCAL REG. DEC 29 1956	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, m.d.</i> S.P.

(Licensed Embalmer's Statement on Reverse Side)

300-56

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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. Lunders*

Licensed Embalmer No. *42*

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.