

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 22 1960

-60-003917

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 325** STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6847 Bleeck Avenue

3. NAME OF DECEASED (Type or print) First **Joseph** Middle **W.** Last **Pfeiffer**

4. DATE OF DEATH Month **Jan.** Day **9** Year **1960**

5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 3, 1898	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) plasterer	10b. KIND OF BUSINESS OR INDUSTRY construction	11. BIRTHPLACE (City and state or country) Clayton, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME **Charles Pfeiffer** 13b. MOTHER'S MAIDEN NAME **Mary Fesl** 14. NAME OF HUSBAND OR WIFE **Frieda Pfeiffer**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no.

16. SOCIAL SECURITY NO. **—** 17. INFORMANT Address **Leroy Bemis (step-son) Imperial, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Probable Myocardial Infarct**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Congestive Heart Failure**

DUE TO (c) **Chronic Lung Disease.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **527.2**

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

INTERVAL BETWEEN ONSET AND DEATH
24 hrs.
6 mos.
10²⁰ yrs.

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **Jan. 5, 1960** to **Jan. 9, 1960** and last saw her him alive on **Jan. 9, 1960**
Death occurred at **8:10 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Daniel S. Hellman MD** 22b. ADDRESS **1515 Lafayette Ave.** 22c. DATE SIGNED **1-11-60**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **Jan. 12, 1960** 23c. NAME OF CEMETERY OR CREMATORY **St. Matthew's Cem.** 23d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

24. FUNERAL DIRECTOR ADDRESS **M. J. Croghan, 7146 Manchester Ave.** 25. DATE RECD. BY LOCAL REG. **JAN 11 1960** 26. REGISTRAR'S SIGNATURE **Keaf Smith M.D.**

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Billo

Licensed Embalmer No. 4375
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.