

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021382

FILED VS MAY 18 1960

318

1003

4835

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

ENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Length of stay in 1b		c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>DE PAUL HOSPITAL</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>3430 HARTFORD</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>FERDINAND M PFEIFFER</i>				4. DATE OF DEATH Month Day Year <i>MAY 5 1960</i>				
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>APR 28 1884</i>	9. AGE (last birthday) <i>76</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>DESINGER PRESS</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>SIGN CO</i>		11. BIRTHPLACE (City and state or country) <i>ARKANSAS</i>		12. CITIZEN OF WHAT COUNTRY <i>U-S-A</i>	
13a. FATHER'S NAME <i>AUGUST PFEIFFER</i>			13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>			14. NAME OF HUSBAND OR WIFE <i>GEORGIA PFEIFFER</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>GEORGIA PFEIFFER 3430 HARTFORD</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Lung</i> DUE TO (b) <i>163x</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 a.m. p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>1945</i> to <i>11/45 P</i> and last saw him <i>live on 5/5/60</i> Death occurred at <i>11/45 P</i> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Wm McShane M.D.</i> (Degree or title)				22b. ADDRESS <i>4500 Olive St. St. Louis MO</i>			22c. DATE SIGNED <i>5/7/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>MAY 9 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>RESURRECTION CEM</i>		23d. LOCATION (City, town, or county) <i>ST. LOUIS MO</i>		(State)	
24. FUNERAL DIRECTOR <i>Thomas Kuttis 2906 Gravois</i>			25. DATE RECD. BY LOCAL REG. <i>MAY 9 1960</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>			

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 James O. Hill

Licensed Embalmer No. 4347

P. O. Address 2906

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.