

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-003928

FILED VS JAN 30 1961

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 187

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY St. Louis 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 Clayton, Missouri | Length of stay in 1b 2 Weeks | c. CITY OR TOWN Jennings | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 7102 Idlewild |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First John Middle Pfaff Last Pfaff | | | 4. DATE OF DEATH Month 1 Day 17 Year 61 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-22-1896 | 9. AGE (last birthday) 64 | IF UNDER 1 YEAR Months 6 Days 4 | IF UNDER 24 HR Hours 4 Min. 4 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |

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|---|--|---|--|---|--|--------------------------------------|--|
| 13a. FATHER'S NAME John Pfaff | | 13b. MOTHER'S MAIDEN NAME Alvina Kloepper | | 14. NAME OF HUSBAND OR WIFE Helen Schmidt | | Address 7102 Idlewild Ave. | |
| 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 Helen Schmidt | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Multiple pulmonary infection | | | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (b) Recent myocardial infarction | | | |
| DUE TO (c) Coronary arteriosclerosis | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis | | | 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 |

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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 9:20 Month, Day, Year 1-17-61 a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION St. Louis County |
| | | COUNTY | STATE |

21. I attended the deceased from 1-2-61 to 1-17-61 and last saw her/him alive on 1-17-61.
Death occurred at 9:20 P on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Albert P. Howe M.D. (Degree or title) | | 22b. ADDRESS Wise, Brentwood Clayton Mo. | | 22c. DATE SIGNED 1/18/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Jan. 20, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park | 23d. LOCATION (City, town, or county) (State) St. Louis County Missouri | |

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| 24. FUNERAL DIRECTOR Buchholz Mortuary 5967 W. Florissant | ADDRESS | 25. DATE RECD. BY LOCAL REG. 1-19-61 | 26. REGISTRAR'S SIGNATURE John C. Murphy M.D. |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 Walter Buchholz
Licensed Embalmer No. 455-10
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.