

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=62-014531**

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 64 Primary Registration District No. 5244 Registrar's No. 11

DO NOT WRITE ON THIS STUB

AMENDED

**FILED APR 30 1962**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cockrell Township</b>		c. CITY OR TOWN <b>Bridgeton</b>	
Length of stay in 1b --		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>N. of Salisbury, on 129</b>		d. STREET ADDRESS (If outside, give location) <b>3201 Parkwood Lane</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Ernest Henry Pfeiffer</b>			4. DATE OF DEATH Month <b>April</b> Day <b>28</b> Year <b>1962</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/4/1940</b>
9. AGE (last birthday) <b>21</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student, Central Methodist College</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Hans Pfeiffer</b>	
13b. MOTHER'S MAIDEN NAME <b>Herta M. Weichold</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Herta Pfeiffer Bridgeton, Mo.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT <b>3201 Parkwood</b> <b>Mrs. Herta Pfeiffer Bridgeton, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Internal Injury "chest"</b> <b>Automobil accident.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ DUE TO (c) _____	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Automobil accident.</b>	
20c. TIME OF INJURY Hour <b>12:15</b> a.m. Month, Day, Year <b>4-28-62</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway #129-</b>	
20e. CITY, TOWN, OR LOCATION <b>Wade S of R.D. Chariton County Mo.</b>		20f. COUNTY STATE <b>Mo.</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>12:15 A</b> _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. D. Smith</b> (Degree or title) <b>Cornucopia of Chariton County</b>		22b. ADDRESS <b>Keptoswill Mo</b>	
22c. DATE SIGNED <b>4-28-62</b>		22d. SIGNATURE <b>Donald Berry</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>5/1/62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Val Halla Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>	
24. FUNERAL DIRECTOR <b>Collier Funeral Home, St. Louis, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>April 28, 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Donald Berry</b>		26. REGISTRAR'S SIGNATURE <b>Oliver Speace</b>	

MAY 3 1962

**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 Chas B Winckelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury, Mo.

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.