

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044722

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11558**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 7 1962

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST LOUIS | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS | | c. CITY OR TOWN LEMAY | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. ANTHONY HOSPITAL | | d. STREET ADDRESS (If outside, give location) 759 LEMAY FERRY RD | |
| 3. NAME OF DECEASED (Type or print) First Middle Last LOUISE A PFEFFER | | 4. DATE OF DEATH Month Day Year NOV 30 1962 | |
| 5. SEX FEMALE | 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 25 1876 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 86 |
| 11. BIRTHPLACE (City and state or country) COLUMBIA IL | | 12. CITIZEN OF WHAT COUNTRY U-S-A | |
| 13a. FATHER'S NAME Kranzel Harmacek | | 13b. MOTHER'S MAIDEN NAME JULIA BLETTE | |
| 14. NAME OF HUSBAND OR WIFE EMIL A. PFEFFER (DEC'D) | | 17. INFORMANT BLANCHE HILSE 759 LEMAY FERRY RD | |
| 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. NONE | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ac dilation of heart | | | INTERVAL BETWEEN ONSET AND DEATH 1/2 hr. |
| DUE TO (b) arterio-sclerotic heart disease | | | |
| DUE TO (c) 420.0 | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypo static pneumonia | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Nov. 20, 62 to Nov. 30, 62 and last saw her/him alive on 11-30-62 Death occurred at 11-30-62 1:30 P m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Erwin W. Seelbach, Jr.</i> (Degree or title) | | 22b. ADDRESS 752 Lemay Ferry Rd | |
| 22c. DATE SIGNED 12-1-62 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 23b. DATE DEC 3 1962 | |
| 23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK | | 23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO. | |
| 24. FUNERAL DIRECTOR ADDRESS Thomas Kutia 2906 Gravois | | 25. DATE RECD. BY LOCAL REG. DEC 2 - 1962 | |
| 26. REGISTRAR'S SIGNATURE <i>Erwin W. Seelbach, Jr.</i> | | 27. REGISTRAR'S SIGNATURE <i>Erwin W. Seelbach, Jr.</i> | |

April 25
Dr. Cecilina

212 Robinson St. Rd. No. 1-2127

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 *Looby Stamps*
Licensed Embalmer No. *7540*
P. O. Address *St. Louis, 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.