

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. **201** Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1003**  
 (a) County \_\_\_\_\_  
 (b) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**4208a DeSoto Ave.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community **60 yrs.**  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **1**  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **4208a DeSoto Ave.**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **60** years.

3. (a) PRINT FULL NAME **Sophia Pfeil**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Nov.** day **3rd.**  
 year **1939** hour **9.20** minute **A.** M.

4. Sex **Female** 5. Color or race **W**  
 6. (a) Name of husband or wife **Louis Pfeil**  
 6. (b) Birth date of deceased **Aug. 23rd, 1865**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct. 21st** to **Nov. 3rd**, 19**39**;  
 that I last saw h. **AR** alive on **Nov. 3rd**, 19**39**;  
 and that death occurred on the date and hour stated above.

8. AGE: Years **74** Months **2** Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **9.20 AM**  
**Chronic Myocarditis**  
 Due to **Arteriosclerosis**  
**Bronchial Asthma**  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **? Richter**  
 13. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Don't know**  
 15. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Raymond Pfeil**  
 (b) Address **3957 N. Ashland Ave**

17. (a) **Burial** (b) Date thereof **11-6-39**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Zion Cemetery**

18. (a) Signature of funeral director **Throost and Co**  
 (b) Address **3710 N. Grand Blvd**

19. (a) **NOV 4 1939** (b) **J. F. Biedich**  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Alfred New Yorker** (M. D. or other)  
 Address **4244 W. Florissant** Date signed **11/4/39**

Duration **14 days**  
**1 year or more**  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

A. J. Yeager  
4200 S. W. 20th St  
3-4

**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 Me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*A. J. Yeager*

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd.

**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 this body is not embalmed, above space should be left blank.