

38038

State File No.

9877

Registrar's No.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH: **1008**

(a) County St. Louis Mo

(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: **2**

(a) State Illinois (b) County St. Clair

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. RR #1 Centerville Station  
(If rural, give location)

(e) If foreign born, how long in U. S. A. No Physician in Attendance years

8. (a) PRINT FULL NAME ANNIE PFINGSTEN

8. (b) If veteran, name war No

3. (c) Social Security No. 20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1 year 1939 hour 9:25 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife Henry Pfingsten 6. (c) Age of husband or wife 18 years

7. Birth date of deceased: 5 — 18 1871  
(Month) (Day) (Year)

Immediate cause of death Cerebral Apoplexy Duration \_\_\_\_\_

8. AGE: Years 68 Months 6 Days 1 If less than one day hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Stocks Township Ills  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

Other conditions \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

12. Name Phillip Vogt

13. Birthplace no known  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kesh

15. Birthplace St. Louis Co Ills  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Edwin E Pfingsten

(b) Address Centerville, St. Clair

17. (a) Removal (b) Date thereof 11-21-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Not Here

18. (a) Signature of funeral director Edgar A. Diller

(b) Address Bellefonte Ills

19. (a) NOV 20 1939 (b) \_\_\_\_\_  
(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) (Means of injury)

23. Signature Alfred J. Wray (M. D. or other) \_\_\_\_\_

Address Deputy Coroner Date signed 11.20.39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 6-17-39 1 x19511

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**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.....

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

Signed Edgar R. Baldus  
Licensed Embalmer No. 2846  
P. O. Address Belleville, Ill.

**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.**