

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.

STANDARD CERTIFICATE OF DEATH

State File No. 5100  
Registrar's No. 1930

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2609 S. Grand Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

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

3. (a) PRINT FULL NAME Gus W. Pfeiffer

8. (b) If veteran, name war none 8. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Not known 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 10, 1857  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>3</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Chicago Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Liquor Salesman (retired)

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

MOTHER FATHER { 12. Name Alex Pfeiffer  
13. Birthplace Berlin Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name NOT KNOWN  
15. Birthplace Frankfort Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jess. S. S. Lawler  
(b) Address 2609 S. Grand Ave.

17. (a) Burial (b) Date thereof Feb. 27, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director OPALS Mortuary  
(b) Address 4468 Washington Blvd.

19. (a) FEB 28 1940 (Date of registration)  
J. F. Buduh (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2609 S. Grand Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25  
year 1940 hour \_\_\_\_\_ minute 7 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1940, to Feb 25, 1940  
that I last saw him alive on Feb 24, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Acute Duration 10 days  
Due to Chr. Interst. Nephros. 2 yrs.  
Due to Chr. Myocarditis " "

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

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 J. S. Anderson (M.D. or other)  
Address 3103 Archway St. Date signed 2/27

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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 *Philip M. Leroy*.....

Licensed Embalmer No. *3281*.....

P. O. Address *4418 Washington*.....

**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.**