

**NOV FEB 25 1947 91**  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(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:  
5330 Blow Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community life years, months or days)

3. (a) PRINT FULL NAME George A. Pfeiffer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Magdalena 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December 24, 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 1 3 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Stationery engineer

11. Industry or business Wire- Ludlow-Saylor Co

MOTHER FATHER { 12. Name George Pfeiffer  
13. Birthplace Not known / Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Not known / Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Magdalena Pfeiffer

(b) Address 5330 Blow Street

17. (a) burial (b) Date thereof 1/29/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John E. Ziegler

(b) Address 1027 Grayois

19. (a) 20 1041 (b) J. J. Bredeloch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 217  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 5330 Blow St. (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27<sup>th</sup>  
year 1941 hour 5:00 minute 0 M.

21. I hereby certify that I attended the deceased from Feb. 10, 1936  
Jan. 26, 1941, to \_\_\_\_\_, 1941;  
that I last saw him alive on Jan. 26, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to Senility 930  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations none  
Of autopsy none  
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) none  
(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 Rudolph S. Vitt (M. D. or other) \_\_\_\_\_  
Address 380-a S. Marway Date signed 28/1/41

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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..... *G. P. Kidwell* .....

Licensed Embalmer No..... *3877* .....

P. O. Address..... *7027 Travis* .....

**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, fact should be so stated above.**