S. No. 2
—1-4-41
5-17-39
I, X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16358

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3876

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: LUTHERAN HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 1717
(d) Street No. 3518 HENRIETTA ST. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KATHERINE J. PFEIFFER.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife RICHARD J. PFEIFFER

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased NOV. 27 1887 (Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 9 If less than one day hr. min.

9. Birthplace 0 MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business OWN

MOTHER FATHER

12. Name FLUETSCH

13. Birthplace GERMANY (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Richard J. Pfeiffer
(b) Address 3518 Henrietta St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 8 1941 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL PK.

18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette Av.

19. (a) MAY 7 1941 (Date received local registrar) (b) J. Murdock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1941 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb. 1 1941 to May 6 1941 that I last saw h alive on May 6 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the bladder (urinary tract) Generalized Carcinomatosis

Duration

Due to

Due to

Other conditions Brown atrophy of heart 2 mo?
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca. of the bladder
Of autopsy Generalized Carcinomatosis

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) X X X
(b) Date of occurrence X X X X
(c) Where did injury occur? X X X X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X X X (Specify type of place)
While at work? X (e) Means of injury X

23. Signature Victor H. Klopsper (M. D. or other) Phys.
Address 3805 So. Broadway Date signed 5/7/41

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.