

DEPARTMENT OF COMMERCE **FILLED JUN 11 1941** MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS  
**STANDARD CERTIFICATE OF DEATH**

State File No. **18911**

Registration District No. **780**

Primary Registration District No. **6025**

Registrar's No. **23**

1. PLACE OF DEATH:

(a) County Ste. Genevieve  
(b) City or town Rural Ste. Gen 7ms  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ste. Gen 7.5  
(c) City or town Rural Ste. Gen 7ms.  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? 3 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
year 1941 hour 2 minute — 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.

3. (a) PRINT FULL NAME LAWRENCE PFAFF  
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 Matilda Hisi 6. (c) Age of husband or wife if alive 41 years  
7. Birth date of deceased MAR 26 1894  
(Month) (Day) (Year)

8. AGE: Years 47 Months 1 Days 18 If less than one day  
..... hr. .... min.

9. Birthplace Ste. Genevieve Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER  
12. Name Frank Pfaff  
13. Birthplace Zell Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Beckie Schmidt  
15. Birthplace Bloomfield Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Hilda Pfaff  
(b) Address Ste. Genevieve Mo  
17. (a) Burial (b) Date thereof 5 15 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Zell Mo

18. (a) Signature of funeral director Les C. Bagley  
(b) Address Ste. Genevieve Mo  
19. (a) May 14/41 (b) T.W. Douglas  
(Date received local registrar) (Registrar's signature)

Immediate cause of death Shot gun wound - left temple  
Due to Suicide  
Due to.....  
Other conditions (include pregnancy within 3 months of death) 164

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) Suicide  
(b) Date of occurrence May 14 1941  
(c) Where did injury occur? Ste. Genevieve Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On Farm  
(Specify type of place) (e) Means of injury 3  
While at work?.....  
23. Signature James J. Hunter (M.D. or other) Coroner  
Address Ste. Genevieve Mo Date signed 5/14/41

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

**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.....

*Leo C. Basler*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Leo C. Basler*

Licensed Embalmer No. ....

*1925*

P. O. Address.....

*St. Lawrence*

**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.**