

No. 2  
17-39  
X23139

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS  
FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39873

State File No. ....

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9581

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:  
5224 Alabama 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5224 Alabama Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?.....years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29  
year 1941 hour 2 minute 45 P. M.  
21. I hereby certify that I attended the deceased from Sept  
1940 to Nov. 29, 1941.  
that I last saw him alive on Nov. 29, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Duration

Coronary thrombosis  
arteriosclerosis  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
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 Joseph Le Carney (M. D. or other).....  
Address 5225 First St Date signed 12-1-41

3. (a) PRINT FULL NAME Edward Pfeiffer

3. (b) If veteran, name war no 3. (c) Social Security No. 493-01-7953

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

6. (b) Name of husband or wife Mathilda Pfeiffer 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased January 30, 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>9</u>	<u>29</u>	hr. min.

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

10. Usual occupation Engineer

11. Industry or business Frisco Building

12. Name George Pfeiffer

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

14. Maiden name Lena Plumpke

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

16. (a) Informant Mrs. Mathilda Pfeiffer

(b) Address 5224 Alabama Ave.

17. (a) Burial (b) Date thereof Dec. 3, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter and Paul Cm.

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 220 1/2 S. Grand Bl.

19. (a) DEC 22 1941 (b) J. F. Jordeck  
(Date received local registrar) (Registrar's signature)

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

Dr Cairney  
Francis Oldy

**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.....

Licensed Embalmer No. **3722**

P. O. Address **412 Duchouquette St**

**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.**