. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12954

Registrar's No. 3719

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9yrs.7mos.6dys. (Specify whether In this community years, months or days) About 29 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3615 So. Compton (If rural, give location) 13 9

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME KATHERINE PFEIFFER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Heinrich Pfeiffer

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

7. Birth date of deceased 4-30-1881 (Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 8 Hungaria (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 8 Hungaria (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 8 Hungaria (State or foreign country)

16. (a) Informant Diggendorf

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28 (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus Cem

18. (a) Signature of funeral director Thos Kutis & Son

(b) Address 2906 Gravois Av

19. (a) APR 27 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1942 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from 7-1-41, 19, to 4-24-42, 19; that I last saw him alive on 4-24-42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Jejunal Fistula-post operative

Due to Cholecystectomy 12-27-41x

Due to No stones Now malignant

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 127

Of autopsy 127 Yes.

Duration

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? (Specify type of place)

While at work (e) Means of injury

23. Signature J R Fidelman MD (M. D. or other)

Address Date signed

844 (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 David Van Fossan, Registered Apprentice No. ....., working under my personal supervision.

Signed David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Garrison

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.