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

50
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30631

Registration District No. 161 Primary Registration District No. 5594 Registrar's No. 15-50

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: ROCK FORD BEACH 3 JEFFERSON Co
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St LOUIS 46 10 0

(c) City or town FLORISSANT
(If outside city or town limits, write "RURAL")

(d) Street No. RR#2
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME LEONARD EDWARD PFEIFFER

3. (b) If veteran, name war NONE

3. (c) Social Security No. 498-12-1155

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased SEPTEMBER (Month) 10 (Day) - 1923 (Year)

8. AGE: Years 19 Months 0 Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation MACHINIST APPRENTICE

11. Industry or business MACHINE SHOP

FATHER
12. Name PAUL PFEIFFER
13. Birthplace St Louis (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name Amanda Schuller
15. Birthplace St Louis Co (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Victor W. Pfeiffer
(b) Address 7419 Jenwood Jennings

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept (Month) 16 (Day) 1942 (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 2772 Taylor Ave

19. (a) 13 Sept 42 (Date received local registrar) (b) James A Townsend (Registrar's signature)

#1

386

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 13
year 1942 hour 7 minute 15 p 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.

Immediate cause of death Accidental Drowning

Due to in Big River at Rock Ford Beach

Due to Two miles west of House Springs Jeff Co Mo

Other conditions While in Swimming
(Include pregnancy within 3 months of death)

Major findings:
Of operations none 183-3

Of autopsy none 3 p

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) ACCIDENT 050

(b) Date of occurrence SEPT-13-1942

(c) Where did injury occur? JEFFERSON (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
PUBLIC PLACE
(Specify type of place)

While at work? No (e) Means of injury 3

23. Signature A. L. Hilgert (~~M.D.~~ or other) ACT. CORONER

Address House Springs RR#1 Date signed 9/13/42

(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~~ not embalmed, Registered Apprentice No. ....., ~~working under my personal supervision~~.

Signed J H Brummer

Licensed Embalmer No. 1470

P. O. Address House Springs

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.