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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38111

State File No.

Registrar's No. 2464

FILE DEC 10 1942
Registration District No. 109

Primary Registration District No. 109

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home
(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 St. Louis
(c) City or town Shrewsbury T.O.
(If outside city or town limits, write "RURAL")
(d) Street No. 7324 Lansdowne Av.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME

Jacob Pfitzer

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex M. Color or race W.

6. (a) Single, widowed, married, divorced W. 2.

(b) Name of husband or wife deceased

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

7. Birth date of deceased Dec. 31 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 24
If less than one day _____ hr. _____ min.

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

10. Usual occupation Plaster Helper

11. Industry or business _____

MOTHER FATHER { 12. Name Not Known

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

14. Maiden name Not Known

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

16. (a) Informant Max Pfitzer (Son)

(b) Address 7324 Lansdowne Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27 1942
(Month) (Day) (Year)
New SS. Peter & Paul

(c) Place: burial or cremation M.J. Croghan

18. (a) Signature of funeral director _____
(b) Address 7146 Manchester Av.

19. (a) NOV 25 1942 (Date received for local registrar) (b) E. J. McFarland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1942 hour 2:30 minute _____ M.

21. I hereby certify that I attended the deceased from MAY
_____ 1942, to Nov 24 1942;
that I last saw him alive on OCT 24 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
CHRONIC MYOCARDITIS
CARCINOMA OF STOMACH
Due to SENILITY

Duration
2 YRS
2 YRS

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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) _____
(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 T. R. Usher (M. D. or other) M.D.
Address 2816 SUTTON Date signed 11-25-42

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 Wilford G. Burn Co.
Licensed Embalmer No. 4202
P. O. Address St Louis Mo

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.

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