V. S. No. 2
.00M—2-43
Re. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1943

Registration District No. 319

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43791

Primary Registration District No. 3064

Registrar's No. 2813

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
501 Carson Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Yrs. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4201 Washington Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fredericka Pfaller
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 26th. 1856 (Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) New York (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Fred Fischer
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Goerge Fischer
(b) Address 4201 Washington Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemt
18. (a) Signature of funeral director Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd.
19. (a) DEC 18 1943 (Date received local registrar) (b) E. G. McGauran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th.
year 1943 hour 6:00 AM minute M.
21. I hereby certify that I attended the deceased from 12-5-1943 to 12-16-1943
that I last saw her alive on 12-16-1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial - Pneumonia	10 days
Due to Chr Myocarditis	1930
Due to Chr Nephritis	1934
Other conditions (Include pregnancy within 3 months of death) None	
Major findings: Of operations None	
Of autopsy None	

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 Ray Johnson (M. D. or other)
Address Ferguson Mo Date signed 12/17/43

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(Licensed Embalmer's Statement on Reverse Side)

JAN 18 1944

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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 Albert G. Hoffe

Licensed Embalmer No. 2971

P. O. Address.....

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.