

**FILED MAR 6 1944**

Registration District No. **318**

Primary Registration District No. **1003**

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

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:  
City Sanitarium 2  
(If not in hospital or institution, write street number or location)  
lyr smos 4ds.  
(d) Length of stay: In hospital or institution 75 years (Specify whether years, months or days)  
In this community 75 years

3. (a) PRINT FULL NAME Emma Pfountz.

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 single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July ? 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days ? If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Charles Pfountz

13. Birthplace not known Austria  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known Austria  
(City, town, or county) (State or foreign country)

16. (a) Informant J. Singler

(b) Address 5400 Arsenal

17. (a) BURIAL (b) Date thereof FEB. 29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director M. V. GRAYMAN

(b) Address 7146 Manchester

19. (a) FEB 28 1944 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 913  
(d) Street No. 7029 Mitchell  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No),  
If yes, name country 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr day 26  
year 1944 hour 5:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from June 22 42 Febr 26 44  
to er 19 to Febr 26 44  
that I last saw him er alive on Febr 26 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Coronary Infaracts, old. Duration 1942x

Due to Adhesive Pericarditis 1942x

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) PH

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 0

23. Signature J. M. Helich (M. D. or other) \_\_\_\_\_

Address 5400 Arsenal Date signed 7/26/44

**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 *John Ogonoski*.....

Licensed Embalmer No. *3398*.....

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.**