

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 26 1944

318

Primary Registration District No. 1003

Registrar's No. 6382

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:
Street Car at 14th. & Olive St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
50 years (Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME Dr. Henry V. Pfaff3. (b) If veteran, name war..... none
3. (c) Social Security No. none4. Sex male 5. Color W. 6. (a) Single, widowed, married, divorced..... married6. (b) Name of husband or wife..... Ida Pfaff
6. (c) Age of husband or wife if alive..... 54 years7. Birth date of deceased.....
(Month) (Day) (Year)
October 21 18788. AGE: Years Months Days If less than one day
65 8 27 hr. min.9. Birthplace Alton Ill.
(City, town, or county) (State or foreign country)10. Usual occupation Dentist

11. Industry or business.....

12. Name Valentine Pfaff13. Birthplace unknown 914. Maiden name Elizabeth Jacobi 915. Birthplace unknown 916. (a) Informant Mrs. Ida Pfaff(b) Address 2300 St. Louis Ave.17. (a) Burial (b) Date thereof 7-21-44(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellefontaine Cem.18. (a) Signature of funeral director..... Hy. Leidner U. Co.(b) Address 2223 St. Louis Ave.19. (a) JUL 19 1944 J. F. Brueck(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") 9 2/3
 (d) Street No. 2300 St. Louis Ave.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
 year 1944 hour 1 minute pm M.21. I hereby certify that I attended the deceased from June 16, 1943
 to July 10, 1944
 that I last saw him alive on July 10
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac disease Duration 6
 Due to Hypertension 1 yr
 Due to arteriosclerosis 2 yrs

Other conditions none
(Include pregnancy within 3 months of death)Major findings:
Of operations none 99

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:

(c) 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 W. H. Cleburne (M. D. or other).....
 Address P. O. 6 Burlington Bldg Date signed.....

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 P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address *1223 St. Louis Ave*

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.