

S. No. 2  
M-5-43  
5-17-39  
P I X3667

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15481**  
Registrar's No. **4143**

**FILED MAY 1 1945**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution:  
**4373 West Pine Blvd.**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **17**  
(c) City or town **St. Louis**  
(d) Street No. **4429 West Pine Blvd.**  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Emma Pfalzer**  
3. (b) If veteran, name war **Nil**  
3. (c) Social Security No. **None**

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 **October 13 1866**

8. AGE: Years Months Days If less than one day  
**78 6 25**

9. Birthplace **St. Louis Missouri**  
10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_  
12. Name **Julius Pfalzer**  
13. Birthplace **Unknown Unknown**  
14. Maiden name **Adelheid Unknown**  
15. Birthplace **Unknown Unknown**

16. (a) Informant **Mrs. J.H. Murphy**  
(b) Address **4131 Washington Blvd.**  
17. (a) **Burial** (b) Date thereof **5-11-45**  
(c) Place: burial or cremation **Mt. Sinai Cemetery**

18. (a) Signature of funeral director **Albert E. Hoppe**  
(b) **MAY 9 1945**  
19. (a) **MAY 9 1945** (b) **J. F. Bredek**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8**  
year **1945** hour **6** minute **P.M.**  
21. I hereby certify that I attended the deceased from **April 1 1945** to **May 8 1945**  
that I last saw her alive on **May 8 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Carcinoma of Breast Lung Metastases**  
Due to **(Inoperable)**  
Due to **50**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **Diagnosis also made at City Hospital**  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_ (b) Means of injury \_\_\_\_\_  
23. Signature **J. F. Bredek** (M. D. or other) \_\_\_\_\_  
Address **4396 West Pine Blvd.** Date signed **5-9-45**

Duration  
**6 hrs**  
**6 hrs**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
JUN 16 1945

JUN 16 1945

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 Agonochi*

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.**