

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2106 DeSoto Ave
Memorial (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th
year 1946 hour 7:48 minute P M.
21. I hereby certify that I attended the deceased from 9/15/46
19 to Oct. 12th 1946
that I last saw him alive on Oct. 12th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Demerol from left lenticles
stroke artery
Due to Arterio-sclerosis Generalized 7 years

Duration

Other conditions
(Include pregnancy within 3 months of death)
83

PHYSICIAN

Major findings:
Of operations
Of autopsy Deuced
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 Robert C. Stark 10/14/46 (or other)
1515 Lafayette
Address Date signed

3. (a) PRINT FULL NAME THEODORE PFEFFER

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Male / 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife Annie Pfeffer nee Stickford 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased November 9, 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

12. Name Henry Pfeffer

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

14. Maiden name Mary Helwig

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

16. (a) Informant Mrs Annie Stickford

(b) Address 2120 E. Warne Ave

17. (a) Burial (b) Date thereof 10/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 14 1946 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

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

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 William G. Buchholz
Licensed Embalmer No. 21105
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.