

FILED FEB 17 1947 318

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. Louis MO. city.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmary Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-10-45/2-4-47
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

JOHN PFLUEGER.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male White
5. Color or race

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 13 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 21
If less than one day hr. _____ min. _____

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

10. Usual occupation Piano Mechanic.

11. Industry or business _____

MOTHER FATHER

12. Name Fred'k Pflueger

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

14. Maiden name Dora

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

16. (a) Informant City Infirmary Records.

(b) Address 5800 Arsenal ST.

17. (a) Burial (b) Date thereof Feb 7, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dunnet Burial Pk.

18. (a) Signature of funeral director W. B. Brod. R. Co.

(b) Address 2925 S. Jefferson Ave.

19. (a) 5 1947 (b) J. J. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town City ST. Louis 3 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4
year 1947 hour 2 minute 55 a. M.

21. I hereby certify that I attended the deceased from 8-
10 19 45 to 4 19 47

that I last saw him alive on 2-4-47 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Organic Brain disease 1945 pl.

Due to Pulmonary fibrosis non tuberculous

Due to _____

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

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) (c) Means of injury _____

23. Signature Palmer Cousins Bowditch (M. D. or other) 0
Address City Infirmary Date signed 2/4/47

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..... *H. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address. *2929 So Jefferson*

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.