F. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36509

Registration District No. 317 Primary Registration District No. 3066 Registrar's No. 2303

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1135 North Clay Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 8 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis, 96
(c) City or town Kirkwood, 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1135 No. Clay Ave. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Helen C. Pfeiffer,
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lawrence Pfeiffer,
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Mar. (Month) 28, (Day) 1910 (Year)

8. AGE: Years 37 Months 7 Days 3 If less than one day hr. min.

9. Birthplace St. Louis County, (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housewife,
11. Industry or business Own home,
FATHER
12. Name J. Edward Schnarr,
13. Birthplace St. Louis County, (City, town, or county) Mo. (State or foreign country) 0
MOTHER
14. Maiden name Ida Wolf,
15. Birthplace St. Louis County, Mo. (City, town, or county) (State or foreign country) 0
16. (a) Informant Lawrence Pfeiffer,
(b) Address 1135 Clay, Kirkwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 47. (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Cem. Orville, Mo.
18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.
19. (a) 11-3-47 (Date received local registrar) (b) Beulah Shaffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31, year 1947 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from July 3, 1947, to Oct 31, 1947
that I last saw her alive on Oct 31, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to Chronic rheumatic Heart Disease	
Rheumatic in origin	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury
23. Signature Henry F. Scott (M. D. or other) M.D.
Address Ballwin Mo Date signed Nov 2-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.