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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 13800

FILED MAY 4 1948

Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 125

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs. 2 mos. 17 das. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis City 000
(c) City or town St. Louis en St. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 7902 Garden St. 9
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPHINE PFEIFFER
3. (b) If veteran, name war No
3. (c) Social Security No. 494-09-7877
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 29 (Day) 1874 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 73 | 3 | 20 | hr. min. |

9. Birthplace St. Louis, (City, town, or county) Missouri 6 (State or foreign country)
10. Usual occupation Rice Stix Factory Worker
11. Industry or business
FATHER
12. Name Joseph Pfeiffer
13. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Mary Welsheimer
15. Birthplace Baden (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.-Sec. 21, St. Louis, Mo
18. (a) Signature of funeral director Edw Koch Und Co
(b) Address 3516 No. 14th St
19. (a) 4-27-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 24

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1948 hour 11 minute 15 P. M.
21. I hereby certify that I attended the deceased from March 30, 1948 19 , to April 19, 1948 19 ;
that I last saw her alive on April 19, 1948 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia
Due to Fracture left femur
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 86 18
Of autopsy No autopsy.

Duration

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) Accident 74
(b) Date of occurrence Feb. 3 1948
(c) Where did injury occur? Farmington (City or town) St Francois (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Hospital No 4 (Specify type of place)
While at work? No (e) Means of injury Fell in bath tub
23. Signature George W Reuss (M. D. or other) M.D.
Address Farmington Mo Date signed April 22-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 548-576

Date Filed 5-3-48

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 Ian M. Sizemore

Licensed Embalmer No. 4343

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.