

STANDARD CERTIFICATE OF DEATH

State File No. **38532**
Registrar's No. **9807**

National Office of Vital Statistics

FILED NOV 24 1948

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4670a Easton Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME Edwards W. Pfeiffer3. (b) If veteran,
name war.....

3. (c) Social Security No.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married,
 divorced married
 6. (b) Name of husband or wife.....
Daphene Pfeiffer
 6. (c) Age of husband or wife if
 alive. 61 years
 7. Birth date of deceased. Jan 9 1887
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 1 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Maintenance Man11. Industry or business Retired12. Name Frank Pfeiffer13. Birthplace Mo.
(City, town, or county) (State or foreign country)14. Maiden name Mary Dahlburg15. Birthplace Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Daphene Pfeiffer(b) Address 4670a Easton Ave.17. (a) burial (b) Date thereof. 11-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Peters18. (a) Signature of funeral director Drehmann-Harral(b) Address 1905 Union Blvd.19. (a) NOV 12 1948 (b) J. B. Paster
(Date received local registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 017
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL") 4
 (d) Street No. 4670a Easton Ave.
 (If rural, give location) 0
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10
year 1948 hour 3 minute A. M.21. I hereby certify that I attended the deceased from Oct 25
1948 to Nov 9 1948
that I last saw alive on Nov 9
and that death occurred on the date and hour stated above.

Immediate cause of death

Congestive HeartDue to asthmaDue to 112Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of 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).....

(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)While at work?..... (e) Means of injury 023. Signature C. A. Brown (M. D. or other).....Address 1316 A m. Inwood Date signed 11-11-48

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 _____

Albert R. Thompson

Licensed Embalmer No. 42037

P. O. Address St. Louis

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.