

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED DEC 27 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10587**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2531a West University		d. STREET ADDRESS (If rural, give location) 2531a West University St	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) P.	c. (Last) Pfisterer	4. DATE OF DEATH (Month) (Day) (Year) 12 7 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 27th 1875	9. AGE (in years last birthday) 74	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Evansville Indiana	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Phillip Pfisterer	13b. MOTHER'S MAIDEN NAME Louise Kaiser	14. NAME OF HUSBAND OR WIFE late Ida Pfisterer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Madeline Crane	ADDRESS 2531a W. University
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1310
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 592X
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22. I hereby certify that I attended the deceased from **Feb 11th, 1949**, to **Dec 7th, 1949**, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. W. Harris M.D.	(Degree or title)	23b. ADDRESS 3505 N. Grand	23c. DATE SIGNED 12-8-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-10-49	24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Missouri
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DATE REC'D BY LOCAL REG. DEC 9 1949	REGISTRAR'S SIGNATURE J. B. Jansen	25. FUNERAL DIRECTOR'S SIGNATURE Leidner U	ADDRESS 2223 St. Louis Ave
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. W. W. Francis - 3505 1st Street

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. Wm. Bentley

Licensed Embalmer No. *3653*

P. O. Address *2223 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.