

FILED MAR 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 6605
1950

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2269		
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital # 1				d. STREET ADDRESS (If rural, give location) 25 - 3316 N. 9 Street				
3. NAME OF DECEASED (Type or Print) Edward			a. (First) G.		b. (Middle) Pfaff		c. (Last) _____	
4. DATE OF DEATH Feb. 26, 1950		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 22, 1885		9. AGE (In years last birthday) 64		
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retired		
11. BIRTHPLACE (State or foreign country) St. Louis, MO.				12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Edward Pfaff		
13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Emma Pfaff				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Emma Pfaff				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Left Leg ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Degeneration DUE TO (c) fall on road 30 1948 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. about 146 pm				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION no accident				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 30 48 146 p.m.		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 8903 21						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at 11:55 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE Patrick E Taylor (Degree or title) Cor				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2-28-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/2/50		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, CO. MO.		
DATE REC'D BY LOCAL FEB 28 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE SUEMEYER & SON'S ADDRESS 3934 N. 20 Street				

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

Man

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 *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3934 N 20th ST.*

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.