

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 25158  
Registrar's No. 6621

318

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|  |                               |  |   |  |                                 |   |                                  |  |
|--|-------------------------------|--|---|--|---------------------------------|---|----------------------------------|--|
| BIRTH NO. _____  |                               | REG. DIST. NO. _____   |   | PRIMARY REG. DIST. NO. _____   |                                 | Registrar's No. _____   |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY _____  |                                 |   |                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>  |                               | c. LENGTH OF STAY (If in this place) <u>81 days</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>  |                                 | 205-9   |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>   |                               |  |   | d. STREET ADDRESS (If rural, give location) <u>1038 Hamilton</u>   |                                 |   |                                  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Anna</u><br>b. (Middle) <u>Louise</u><br>c. (Last) <u>Pfeffer</u>  |                               |  | 4. DATE OF DEATH<br>(Month) <u>August</u><br>(Day) <u>2</u><br>(Year) <u>1950</u> |  |                                 |   |                                  |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>                                   | 8. DATE OF BIRTH <u>December 25, 1890</u>   | 9. AGE (In years last birthday) <u>59</u>  | IF UNDER 1 YEAR Months <u>7</u> | IF UNDER 1 YEAR Days <u>7</u>   | IF UNDER 1 YEAR Hours <u></u>    |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Not employed</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____  |   | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>  |                                 | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>  |                                  |  |
| 13a. FATHER'S NAME <u>John Bernard Pfeffer</u>   |                               |  | 13b. MOTHER'S MAIDEN NAME <u>Louise Bloess</u>                                    |  |                                 | 14. NAME OF HUSBAND OR WIFE <u>None</u>   |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |                               | 16. SOCIAL SECURITY NO. <u>None</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Otto T. Pfeffer, 637 Barstow Pl.</u>  |                                 |   |                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>                                |                               |  |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Goiter, Nodular, Toxic</u>  |                                 |   | INTERVAL BETWEEN ONSET AND DEATH |  |
|  |                               |  |   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                            |                                 |   |                                  |  |
|  |                               |  |   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic and thyrotoxic heart disease</u> |                                 |   |                                  |  |
| 19a. DATE OF OPERATION <u>8-2-50</u>   |                               | 19b. MAJOR FINDINGS OF OPERATION <u>Toxic nodular goiter</u>   |   |  |                                 | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                  |  |
| 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) _____  |                                 |   |                                  |  |
| 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? <u>212.1</u>  |                                 |   |                                  |  |
| 22. I hereby certify that I attended the deceased from <u>May 13</u> , 1950, to <u>August 2</u> , 1950, that I last saw the deceased alive on <u>August 2</u> , 1950, and that death occurred at <u>11:55a</u> m., from the causes and on the date stated above. |                               |  |   |  |                                 |   |                                  |  |
| 23a. SIGNATURE <u>Eugene P. Standley M.D.</u> (Degree or title)  |                               |  |   | 23b. ADDRESS <u>BARNES HOSPITAL</u>  |                                 | 23c. DATE SIGNED <u>8/2/50</u>  |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                               | 24b. DATE <u>Aug. 4, 1950</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>   |                                 | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>            |                                  |  |
| DATE REC'D BY LOCAL REG. <u>AUG 3 1950</u>   |                               | REGISTRAR'S SIGNATURE <u>J.P. Lester</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary, 6633 Clayton Rd.</u> ADDRESS   |                                 |   |                                  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....

Signed.....

*John M. Seymour*

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.