

FILED SEP 1 1950 STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2060

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY (If outside corporate limits, write RURAL and give township) Ellisville	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) Highway 50	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospt.			

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) PFITZINGER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug. 28, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Nov. 26, 1874	9. AGE (In years) 75	IF UNDER 1 YEAR: Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) St. Louis Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Pfitzinger		13b. MOTHER'S MAIDEN NAME Maria Hoeltge		14. NAME OF HUSBAND OR WIFE Anna Obermeier Pfitzinger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fred Potthast, Ballwin, Mo.	

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) Hypertensive cardiovascular disease with pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1143X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8-24**, 1950, to **8-28**, 1950, that I last saw the deceased alive on **8-28**, 1950, and that death occurred at **2:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Donke (Degree or title) M.D.		23b. ADDRESS St. Louis County, Mo.		23c. DATE SIGNED 8-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 30, 1950		24c. NAME OF CEMETERY OR CREMATORY St. John Evangelical	
				24d. LOCATION (City, town, or county) (State) Bellefontaine, Mo.	

DATE REC'D BY LOCAL REG. 8-29-50		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo.	
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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.....
Thos. Schrader
Signed.....

Licensed Embalmer No. *3066*

P. O. Address *Ballwin, 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.