No. 300
10.48

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

FILED MAY 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11704

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 5433 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNION
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.R. 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: FRANKLIN
c. CITY OR TOWN: UNION
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): R.R. 3

0360

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): H.
c. (Last): Pfeiffer

4. DATE OF DEATH (Month) (Day) (Year): May 2, 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: June 2, 1868
9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months 11 Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BUTCHER
10b. KIND OF BUSINESS OR INDUSTRY: BUTCHER
11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: FRED PFEIFFER
13b. MOTHER'S MAIDEN NAME: DON'T KNOW
14. NAME OF HUSBAND OR WIFE: MARY PFEIFFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. IDA HAGEBUSCH
ADDRESS: UNION, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 12 years
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Macrocytic Anemia — 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4500
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1951, *to* 2 May, 1954, *that I last saw the deceased alive on* 23 April, 1954, *and that death occurred at* 3:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm R Richardson, M.D.
23b. ADDRESS: Union, Mo
23c. DATE SIGNED: 3 May 54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 5/5/54
24c. NAME OF CEMETERY OR CREMATORY: Valhala
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: May 3 1954
REGISTRAR'S SIGNATURE: H T Cooper 98.0
25. FUNERAL DIRECTOR'S SIGNATURE: E. H. Oltmann
ADDRESS: Union Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....E. A. Oltmann.....

Licensed Embalmer No. 168

P. O. Address Union, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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