

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38726**  
Registrar's No. **9267**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		b. COUNTY <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran</b>		d. STREET ADDRESS (If rural, give location) <b>8829 Eager Rd</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Matilda</b>			b. (Middle) <b>Pfeffer</b>			c. (Last) <b>Pfeffer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-22-1955</b>						
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov 28-1877</b>		9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>24</b>		IF UNDER 24 HRS. Hours <b>10</b> Mins. <b>24</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>Iron Ridge, Wisconsin</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Carl Mantuefel</b>			13b. MOTHER'S MAIDEN NAME <b>Dorothy Breier</b>			14. NAME OF HUSBAND OR WIFE <b>Oscar W. Pfeffer</b>		
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Oscar W. Pfeffer</b>		ADDRESS <b>8829 Eager Rd</b>	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Thrombosis</b>							
		DUE TO (c) <b>Coma</b>							
		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? <b>332X</b>	
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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)	
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	

22. I hereby certify that I attended the deceased from **10-2-**, 19**55**, to **10/22/**, 19**55**, that I last saw the deceased alive on **10-21, 1955**, and that death occurred at **1A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. Carl Smith M.D.</b>		23b. ADDRESS <b>1504 S. Grand</b>		23c. DATE SIGNED <b>10/24/55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/25/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>OCT 24 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McAmbruster Mortuary</b>		ADDRESS <b>6633 Clayton Rd</b>	
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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Fred J. Tammes* .....

Licensed Embalmer No. *4788* .....

P. O. Address: *St. Louis, 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.