

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **6993**

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>547</b>		Registrar's No. <b>382</b>			
1. PLACE OF DEATH a. COUNTY <b>St Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b>				b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond Heights</b>			c. LENGTH OF STAY (In this place) <b>2 hrs</b>	c. CITY OR TOWN <b>Berkeley</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		4000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Marys Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>3801 Brown Rd.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b>			b. (Middle) <b>William</b>		c. (Last) <b>Pfarrer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 8 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 1 1893</b>		9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Postal Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Post Office</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>George C Pfarrer</b>			13b. MOTHER'S MAIDEN NAME <b>Minnie Schmidt</b>		14. NAME OF HUSBAND OR WIFE <b>Myrtle Lauks Pfarrer</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>unk</b>		16. SOCIAL SECURITY NO. <b>unk</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Myrtle Pfarrer 3801 Brown Rd.</b>						
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>Cerebellar Hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardio-Vascular Disease</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 <b>#43X</b>						20. AUTOPSY? YES <input 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) m.		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 <b>2-8</b> , 19 <b>57</b> , to <b>2-8</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>2-8</b> , 19 <b>57</b> , and that death occurred at <b>11A</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Print or title) <b>Oliver A. Heckerl</b>				23b. ADDRESS <b>MA 110 S. Central Clayton</b>		23c. DATE SIGNED <b>2-9-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 11 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis County Mo</b>				
DATE REC'D BY LOCAL REG. <b>2-11-57</b>		REGISTRAR'S SIGNATURE <b>Heckerl R. Lombardi</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Paul St. Charles Mo</b>					

**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 .....

Signature of Student Embalmer

Signed .....

*Arthur C. Bove*

Licensed Embalmer No. *3157*

P. O. Address *St. Cloud*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.