

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **46205**
Registrar's No. **11936**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 **Missouri** b. COUNTY _____b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) **D.O.A.**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No 3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **St. Louis City Hospital** 33 5 6950 Pernod
e. STREET ADDRESS (If rural, give location)3. NAME OF DECEASED (Type or Print) a. (First) **Sylvia** b. (Middle) **A.** c. (Last) **Pfeiffer** 4. DATE OF DEATH (Month) (Day) (Year) **Dec. 11, 1957**5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Apr. 13, 1868** 9. AGE (In years last birthday) **89** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and State or Foreign Country) **Rockwood, Illinois** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**13a. FATHER'S NAME **Luttrell** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **William Pfeiffer**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **490-26-9304** 17. INFORMANT'S SIGNATURE OR NAME **Ewing L. Reid** ADDRESS **6404 Oakland Ave**18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic Myocarditis**
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES **Generalized Arteriosclerosis**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Sclerosis**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **422.1**
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 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) _____ 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:49A** m., from the causes and on the date stated above.23a. SIGNATURE **James M. Kelly** ADDRESS **1300 Clark** 23c. DATE SIGNED **12-12-57**24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **12-14-57** 24c. NAME OF CEMETERY OR CREMATORY **St. Peters Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**DATE REC'D BY LOCAL REG. **DEC 12 57** REGISTRAR'S SIGNATURE **Earl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Mittelberg Funeral Home, Inc.** ADDRESS **Webster Groves, Mo.**

(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~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elton R. H. Remelius*.....

Licensed Embalmer No. *478*

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

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.