

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019371
State File No.

FILED JUN 2 1958

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 2058 Registrar's No. 134

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Charles</u>)		c. LENGTH OF STAY (In this place) <u>1 hour</u> (township)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Dardenne)</u> <u>8920</u>		d. STREET ADDRESS (If rural, give location) <u>Highway 94</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u> (If not in hospital or institution, give street address or location)							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>John</u> c. (Last) <u>Pfeiffer</u>			4. DATE OF DEATH Month <u>May</u> Day <u>22</u> Year <u>1958</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>April 7, 1901</u>		9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock & Grain Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Pfeiffer</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Roth</u>		14. NAME OF HUSBAND OR WIFE <u>Selma Pfeiffer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-42-9268</u>		17. INFORMANT'S SIGNATURE AND ADDRESS <u>Selma Pfeiffer St. Charles RR. 2, MO</u>			
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) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic coronary artery disease</u> DUE TO (c) <u>Hypertensive cardio vascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>6 months</u> <u>2½ yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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) <u>4201</u> (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 <u>Oct. 31, 1953</u> , to <u>May 22, 1958</u> , that I last saw the deceased alive on <u>May 22, 1958</u> , and that death occurred at <u>11:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul A. Kotter M.D.</u> (Degree or title)				23b. ADDRESS <u>Mo. 114 N. Main St. Charles</u>		23c. DATE SIGNED <u>5/24/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 25, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cottleville, Missouri</u>		
DATE REC'D BY, LOCAL REG. <u>May 4-58</u>		REGISTRAR'S SIGNATURE <u>Marcelle Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Morris Maschany Wentzville, Mo</u>			

JUN 13 1958

H. Elliot Parks
W. L. ...

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 Howard O. Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.