

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2475 -61-031401

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2475

FILED SEP 13 1961

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Richmond Heights</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1430 Claytona Terrace</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1430 Claytona Terrace</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Oscar</u> Middle <u>Frank</u> Last <u>Pfeiffer</u>			4. DATE OF DEATH Month <u>August</u> Day <u>28th.</u> Year <u>1961</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/9/1901</u>
9. AGE (last birthday) <u>60</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tavern-Partner ship owner</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Frank Pfeiffer</u>	
13b. MOTHER'S MAIDEN NAME <u>Lillian Gerak</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Catherine Pfeiffer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>no</u> or unknown) (If yes, give war or dates of service)		17. INFORMANT Address <u>Mrs. Catherine Pfeiffer, 1430 Claytona Ter. Richmond Heights</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carbon monoxide poisoning</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Found at side of car parked in garage</u>	
20c. TIME OF INJURY Hour <u>10:30</u> a.m. <u>PM</u> Month, Day, Year <u>8/28/61</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>garage at rear of home premises</u>	
20e. CITY, TOWN, OR LOCATION <u>Richmond Hts</u>		COUNTY <u>St. Louis</u>	STATE <u>Missouri</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>DOA 11:00 am. Co. Hosp.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Raymond E. Kain</u> (Degree or title) Coroner		22b. ADDRESS <u>Clayton, Mo.</u>	22c. DATE SIGNED <u>9/6/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>8/30/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
23d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Arthur J. Donnelly</u>		ADDRESS <u>10 Lindell Blvd.</u>	25. DATE RECD. BY LOCAL REG. <u>8-29-61</u>
26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>			

**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 Francis J. Williams

Licensed Embalmer No. 3565  
P. O. Address 3840 Lind

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.