

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009200

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1552**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 19 1963

VS 300 Rev. 4/59  
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in 1b <b>WEEKS</b>	c. CITY OR TOWN <b>UNIVERSITY CITY</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6358 WATERMAN</b>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	5. SEX
First <b>LOUIS</b> Middle <b>J.</b> Last <b>PFEFFER</b>		Month <b>FEBRUARY</b> Day <b>12</b> Year <b>1963</b>	<b>MALE</b>
6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)
<b>WHITE</b>		<b>10/4/1909</b>	<b>53</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
<b>VICE PRESIDENT</b>	<b>ARME POLISHING Co</b>	<b>ST. LOUIS MO</b>	<b>U.S.A</b>
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE	
<b>F. J. PEEFFER</b>	<b>MARGARET FIELD</b>	<b>MARY LOUISE PEEFFER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address	
<b>NO</b>	<b>56</b>	<b>MARY L PEEFFER 6358 WATERMAN</b>	
18. CAUSE OF DEATH (Enter only one cause pertinent to death)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:			<b>2 hrs.</b>
IMMEDIATE CAUSE (a) <b>ACUTE PULMONARY EDEMA</b>			
DUE TO (b) <b>ACUTE GLOMERULONEPHRITIS</b>			<b>3 weeks</b>
DUE TO (c) <b>591x</b>			
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 checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>1/26/63</b> to <b>2/12/63</b> and last saw her/him alive on <b>2/12/63</b> Death occurred at <b>6:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED	
<i>E. J. Verillia, M.D.</i>	<b>BARNES HOSPITAL</b>	<b>2/12/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>BURIAL</b>	<b>2/14/1963</b>	<b>CALVARY CEMETERY</b>	<b>ST. LOUIS MO</b>
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<b>Stock MORTUARY 689 S BRENTWOOD</b>		<b>FEB 13 1963</b>	<b>Loan Smith, M.D.</b>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

**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

*Paul Q. Wachter*

Licensed Embalmer No.

4787

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.