

SOURCE: Family Search Labs, (Family Search Internet Genealogy Service, <http://www.familysearch.org>

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CITATION: Pennsylvania, Philadelphia City Death Certificates, 1803-1915; Individual Record of Frederick Pfeffer, Film number: 1319493; Digital GS number: 4008865; Image number: 139; Reference number: cn 5131

RECORD OF A DEATH IN PHILADELPHIA.

5131

PHYSICIAN'S CERTIFICATE.

Full Name of Deceased, Frederick Pfeffer

Sex, Male Color, White State if Chinese Japanese Indian

Single, Married, Married State if Widower Divorced

Date of Birth { Year, 1849 } Date of Death { Year, 1907 } Age, { Years, 59 }
{ Month, Jan } { Month, Feb. } { Months, 1 }
{ Day, 1 } { Day, 19th } { Days, 19. }

(If age is less than one day, give hours)

I HEREBY CERTIFY, That I attended deceased from Feb (?) 1906 to Feb 18th 1907
that I last saw him alive on Feb 16th 1907 and that death occurred, on the date stated above
at 9. A.M. The CAUSE OF DEATH was as follows:

Chief, Chronic Parenchymatus Nephritis DURATION, Not Known Days
Contributing, Exhaustion, depending upon Anemia Known Days

Signed, John S. Tarsbet M. D.
Residence, 1112 Jackson

UNDERTAKER'S CERTIFICATE.

Occupation, Brass Worker Place of Birth, Germany
(Give occupation for all persons 14 years of age and over)

Birthplace of Father, Germany Birthplace of Mother, Germany

Name of Father, _____
Maiden Name of Mother, _____

Last Place of Residence (This need only be given when it is other than the place of death.) _____

Place of Death, Street and No. 718 Jackson Street
39th

Ward, wherein death occurred, _____

Buried from, Street and No. 718 Jackson Street

Date of Burial, Sunday Feb 24, 1907

Place of Burial, Northwood Cemetery

Oliver G. Bair Undertaker.
Residence, 1801 Gilbert Street

Write plainly, and with ink: fill in every blank space.

N. B.—A certificate of death is a document of great importance. More than 4,000 copies of such certificates are issued annually from this office, for use here and abroad as legal proof of death. It is essential, therefore, that the particulars called for shall be given **correctly, legibly, and as fully as possible.**

TO—PHYSICIANS.

- The attending physician must furnish a certificate in ordinary cases, within 24 hours after death: in contagious cases, within 12 hours. [Act of Assembly.]
- All physicians practicing in the City of Philadelphia must be registered in the Bureau of Health. [Act of Assembly.]
- If a person dies from criminal violence, or by a casualty, or suddenly while in apparent health, or who unattended by a physician, or when a registered physician has been in attendance for less than 24 hours, or in an suspicious or unusual manner, the case must be referred to the Coroner.
- Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,	Gangrene,	Necrosis
Abscess,	Gastritis,	Peritonitis
Cellulitis,	Erysipelas,	Phlebitis,
Childbirth,	Meningitis,	Pyæmia,
Convulsions,	Metritis,	Septicæmia,
Hemorrhage,	Miscarriage	Tetanus,

[Any one of these may be the result of an injury, and thus be a subject for investigation by the Coroner. If it is not, the certificate should make that fact plain.]

- No certificates giving "Heart Failure," "Dropsy," or other mere symptom, as the sole cause of death will be accepted, unless accompanied by a satisfactory written explanation.
- In all cases of death from Cancer or Tumor, the physician must give the location of the same in order that it may be properly classified.
- In all cases of Still Birth the physician must give the date of delivery in lieu of date of death, and must also give the surname of the child.

SEE FOLLOWING ABSTRACT

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Name: **Frederick Pfeffer**

Death date: **19 Feb 1907**

Death place: **Philadelphia, Philadelphia, Pennsylvania**

Gender: **Male**

Race or color (on document): **white**

Age at death: **59 years 1 month 19 days**

Estimated birth year:

Birth date: **01 Jan 1849**

Birth place: **Germany**

Marital status: **Married**

Spouse name:

Father name:

Father birth place: **Germany**

Mother name:

Mother birth place: **Germany**

Occupation: **Brass Worker**

Street address:

Residence:

Cemetery name:

Burial place:

Burial date: **24 Feb 1907**

Additional relatives:

Film number: **1319493**

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