

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**  
No. **7003** *Marquette Ave.*

File No. **2942**  
Registered No. **L 528**  
St. .... Ward.....

**2. FULL NAME**

*Arthur P. Eiffert*

(a) Residence. No. .... St. **3** Ward.....

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mario Eiffert**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 15 1888**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
**38 9 28**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Electrician**  
(b) General nature of industry, business, or establishment in which employed (or employer) **123 P 175 Q 95**  
(c) Name of employer **St Louis Theatre**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis**

PARENTS

10. NAME OF FATHER **Fred Eiffert**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **St Louis**

12. MAIDEN NAME OF MOTHER **Leanne Schaper**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Leanne Ill.**

14. INFORMANT **Mario Eiffert**  
(Address) **7003 Marquette Ave**

15. FILED **JAN 16 1927** **Mauel Starckoff**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 13 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 12** to **Jan 13 1927** that I last saw him alive on **Jan 13 1927**, and that death occurred, on the date stated above, at **2:40 p.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Chronic Hydro-nephrosis**  
**1310**  
(duration) **9** yrs. .... mos. .... da.  
CONTRIBUTORY **Arteriosclerosis, and**  
(SECONDARY) **uramia** (duration) **9** yrs. **4** mos. **13** da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? **Yipes, Michigan**

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF .....

20. WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Cystoscopic exam.**  
(Signed) **Isidore Brumby** M. D.  
**1/14 1927** (Address) **305 West 14th Street Mo.**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Concordia Cemetery** DATE OF BURIAL **1/17 1927**

20. UNDERTAKER **Theo. W. Biederwieden** ADDRESS **1936 St Louis Ave**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

