

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

Do not use this space.

12967

1. PLACE OF DEATH

County St Louis

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St Louis (No. 500) S. Kings Highway

File No.

Registered No. 3519

St. Ward)

2. FULL NAME

Ralph Robert Eufinger

(a) Residence. No. 5985 Romaine St. Ward. 5

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 18 da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED — (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-3-28

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 9 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

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

10. NAME OF FATHER Alexander Eufinger

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

12. MAIDEN NAME OF MOTHER Celeste Woepke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

14. INFORMANT G. H. Hual (Address) 500 S. Kings Highway

15. FILED MAR 21 1929 REGISTERAR W. H. Hual

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-21 1929

17. I HEREBY CERTIFY, That I attended deceased from 12:05 3-21, 1929, to 3-21, 1929, that I last saw h. a. m. alive on 3-21, 1929, and that death occurred, on the date stated above, at 12:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

36
Septicemia - cause undetermined
(duration) yrs. mos. 13 da.

CONTRIBUTORY (SECONDARY) 4
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Examination & autopsy
(Signed) A. C. Edwards, M.D.

3-21, 1929 (Address) 500 S. Kings Highway

*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 DATE OF BURIAL

Walway Cemetery Mar 23 1929

20. UNDERTAKER W. H. Hual ADDRESS H. Hual

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

