

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

Do not use this space.

21324
~~21425~~

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No.)

File No.
Registered No. **6192**
St. Ward)

2. FULL NAME

Peter Eifler

(a) Residence. No. 4 119 22nd St. 20 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. ds. 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11 / 7 / 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
86 7 16

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Furniture Worker
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Iser
(STATE OR COUNTRY)

10. NAME OF FATHER John Eifler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iserm
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iser
(STATE OR COUNTRY)

14. INFORMANT Katherine Eifler
(Address) 4119 22nd St

15. FILED 25 1930 Max C. Kelly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23rd 1930

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1930, to June 23, 1930 and that I last saw him alive on June 23, 1930, and that death occurred, on the date stated above, at 10²⁵ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93c
97 (duration) 1 yrs. 11 mos. 11 ds.
CONTRIBUTORY Atherosclerosis
(SECONDARY) (duration) 2 yrs. 1 mos. 1 ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. Emmett Gump
June 24, 1930 (Address) 3802 1/2 Grand Blvd

*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 Bethany DATE OF BURIAL June 25 1930

20. UNDERTAKER Provoost Und Co ADDRESS 3710 N. Grand

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.

