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

Do not use this space.

37334

DEC 23 1930

1. PLACE OF DEATH
County Richmond Hgt. Registration District No. 1170
Township St. Louis Co. Mo. Primary Registration District No. 6248 H
City St. Louis Co. (No. St. Marys Hosp. St. Ward)

File No.
Registered No. 2687

2. FULL NAME Infant of Eugene and Emma Kiefer
(a) Residence. No. 5204 Gravois St., Ward. St. Louis Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 7. 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	0	0	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Eugene Kiefer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Emma Eckelmier
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

14. INFORMANT Eugene Kiefer
(Address) 5204 Gravois

15. FILED 1930, 19 C L Jenaro REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 10 1930

17. I HEREBY CERTIFY, That I attended deceased from November 7th, 1930, to November 10, 1930 that I last saw him alive on Nov. 9th, 1930, and that death occurred, on the date stated above, at 1 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atalectasis.

159 161A

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Premature Birth. 8 months Gestation

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Convulsions

(Signed) Albert Beisbarth, M. D.
11/10, 1930 (Address) 3548 S. Grand Bl.

*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
Sunset Burial Pk.	11 13 1930.

20. UNDERTAKER	ADDRESS
Kiegerman Bros.	2643 Cherokee

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.

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

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