

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

Do not use this space.

37382

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... *St. Louis Mo.* (No. *1946 Benton St.*)..... St. Ward)

File No.....
Registered No. **10021**
St. Ward)

2. FULL NAME *Lizzie Eiffert*

(a) Residence, No. *1946 Benton St.* St. *26* Ward.

(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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 13 - 1866*

7. AGE YEARS *66* MONTHS *9* DAYS *28* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housemaid*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *244*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

FATHER 13. NAME *Charles Eiffert*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER 15. MAIDEN NAME *P. Preis*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Mary Eiffert* (ADDRESS) *1946 Benton St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peters* DATE *Nov. 14*, 19*32*

19. UNDERTAKER *H. J. Leidner* (ADDRESS) *1417 St. Mark St.*

20. FILED *NOV 14 1932* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 11*, 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 16*, 19*32*, to *Nov 11*, 19*32*

I last saw him alive on *Nov 10*, 19*32*. Death is said

to have occurred on the date stated above, at *5⁴⁵* A.M.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation
Acute myocarditis
127 B
9219
124 K
Other contributory causes of importance:
Arteriosclerosis

Date of onset *Aug 16*
Nov 10/132
Age

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) *Donald J. Leonard*; M. D.

(Address) *1801 Madison*

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.

