

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.

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

32692

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... St. Louis
(d) Street No. 791 Christian Hospital
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 8746

2. PRINT FULL NAME

EUGENE KIEFER,
(a) Residence, No. 1100 Gano Avenue St. 9
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Frieda Kieffer (Schmitt)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25, 1881
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
56 5 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Provision
9. Industry or business in which work was done, as saw mill, bank, etc. Dealer
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) Germany

13. NAME Joseph Kieffer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Monica Haas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Frieda Kieffer
(ADDRESS) 1100 E. Gano Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem DATE Sept 20, 1937

19. FUNERAL DIRECTOR Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILE SEP 19 1937 J. T. Brebeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from MAR. 1930, 19, to SEPT. 17, 1937

I last saw him alive on SEPT. 17, 1937. Death is said to have occurred on the date stated above, at 1:05 P. M.
The principal cause of death and related causes of importance were as follows:

CEREBRAL APOPLEXY

Date of onset SEPT. 17, 1937

Other contributory causes of importance: NONE

Name of operation NONE Date of NO
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? NO 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 NONE
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify S. A. Vanhoefen, M. D.
(Signed) (Address) 8313 HALLS FERRY RD. CITY

STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton, Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Leonard Hampton

Licensed Embalmer No. 2967

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)