OCT 14 1937

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

2

33063
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 9117

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. 5024 Cates Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME Edith Kefauver Willer
(a) Residence, No. 5024 Cates St. 12
(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: Female
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: Mose Willer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 9, 1879

7. AGE: Years 58 | Months 6 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as saw mill, bank, etc.:
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): Middleton, Md.

FATHER
13. NAME: Wm. D. Kefeuver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Md.

MOTHER
15. MAIDEN NAME: Elizebeth Chamberlin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Md.

17. INFORMANT: Mose Willer
(ADDRESS) 5024 Cates Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hagerstown, Md. DATE Sept. 30, 1937

19. FUNERAL DIRECTOR A. Rindskopf
(ADDRESS) 5216 Delmar

20. FILED SEP 29 1937, 19.... J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1937, to Sept 28, 1937
I last saw h.. alive on Sept 28, 1937. Death is said to have occurred on the date stated above, at 1:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	9/26/37
Pulmonary Edema	9/26/37
Ch. Int. Nephritis	9/24/37

Other contributory causes of importance:
Metastatic carcinoma 1937
Carcinoma of breast with Lymphadenopathy of breast

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) J. Granger, M. D.
(Address) 765 N. Kingshighway
City

(Licensed Embalmer's Statement on Reverse Side)

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.

22 2 5998

STATEMENT BY LICENSED EMBALMER

I, Herman Rindskopf, Licensed Embalmer No. 2207

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Herman Rindskopf

Licensed Embalmer No. 2207

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