

REC'D MAY 23 1938

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

15492
Do not use this space.

1. PLACE OF DEATH **Perry**
(a) County **Perry** Registration District No. **660**
(b) Township _____ Primary Registration District No. **4396** Registered No. _____
(c) City **Perryville** (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 **Catherine R. Kiefer** **160**
(a) Residence, No. **Canahl St., Perryville, Mo.** St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 19, 1875.**

7. AGE YEARS **63** MONTHS **1** DAYS **7** If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **House work**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Perry County** (STATE OR COUNTRY) **Missouri.**

FATHER 13. NAME **Louis Bohnert**
14. BIRTHPLACE (CITY OR TOWN) **Perry County** (STATE OR COUNTRY) **Missouri.**

MOTHER 15. MAIDEN NAME **Mary Amschler**
16. BIRTHPLACE (CITY OR TOWN) **Perry County** (STATE OR COUNTRY) **Missouri.**

17. INFORMANT **Carl Kiefer** (ADDRESS) **McBride, Missouri.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Boniface Cem** DATE **Apr. 29 1938**

19. FUNERAL DIRECTOR (NAME) **Bey Funeral Home** (ADDRESS) **Perryville Missouri.**

20. FILED **April 28, 1938** **Joel J. Zeller** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 26 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 15 1938** to **April 26 1938**
That saw her alive on **April 26 1938** Death is said to have occurred on the date stated above, at **11:40 p.m.**

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

Coronary Thrombosis Date of onset **Apr 26 1938**

Other contributory causes of importance:

Coronary sclerosis
Chrom. Hypertension **2 yrs**
Hypertension

Name of operation **none** 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 **Oscar Alarrm** M. D.
(Signed).....

(Address) **Perryville, Mo.**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Albert H. Bey

or by

Registered Apprentice No., working under my personal supervision.

Signed

Albert H. Bey

Licensed Embalmer No. *3866*

P. O. Address *Perrinville, Mo.*

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.)

If this body is not embalmed, above space should be left blank.