

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

7835
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 784
 (b) Township _____ Primary Registration District No. 200 Registered No. 392
 (c) Riverview Gardens (d) Street No. 459 Scenic Drive 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. 6 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gordon Jerome Kieffler

(a) Residence, No. 459 Scenic Drive St. (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) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1937
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 7 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 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) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME George Kieffler
 14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Dora Nienhaus
 16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT Mr. George Kieffler (ADDRESS) 459 Scenic Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE March 6 1939

19. FUNERAL DIRECTOR (NAME) St. Louis (ADDRESS) 393 4th St

20. FILED MR. Kieffler Local Registrar. (Address) 2743 N. Grand

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from MAR 2, 1939 to MAR 3, 1939
 I last saw him alive on MAR 2, 1939 Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Acute dilatation of heart
of pericarditis
 Other contributory causes of importance:
acute intestinal obstruction

Name of operation none Date of _____
 What test confirmed diagnosis? biopsy Was there an autopsy? no

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? none (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 none

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Dr. J. H. Harnmann M. D. (Address) 2743 N. Grand

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. Every item of information should be carefully supplied.

1939

RECEIVED
 MAR 9 1939

MAR 4 1939

90

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, or by.....

Geo. P. Schubert

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Geo. P. Schubert*

Licensed Embalmer No. *2213*

P. O. Address *5718th V. Virginia*

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

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

Department of Health and Human Services
Division of Health Care Regulation
Baltimore, Maryland

