

12 1939

DEC 2 APR 7 1939

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

12209
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis / Registration District No. 784
(b) Township Clayton / Primary Registration District No. 161 Registered No. 449
(c) City Clayton (d) Street No. St. Louis County Hospital 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

156 Della Kaufman
(a) Residence, No. 7438 Flora, Maplewood, 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 5 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
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) Mo.13. NAME Charles Gaylord14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Mary Dahmertz16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT husband, Walter Kaufman
(ADDRESS) 7438 Flora, Maplewood, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Valkalla Cem. DATE March 13, 193919. FUNERAL DIRECTOR (NAME) Jay B. Smith
(ADDRESS) 2456 W. 44th St. St. Louis, Mo.20. FILED MAR 12 1939 W. H. Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10/39, 1922. I HEREBY CERTIFY, That I attended deceased from 3/5/39, 19, to 3/10/39, 19.I last saw her alive on 3/10/39, 19. Death is said to have occurred on the date stated above, at 3:45 P.M.

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

Acute Myocardial failureDate of onset
(?)

Other contributory causes of importance:

Rheumatic fever

(?)

Name of operation ✓ Date of 5What test confirmed diagnosis? ✓ Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 3/10/39Where did injury occur? St. Louis, Mo.
(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? noIf so, specify George M. Postman, M.D.
(Signed) George M. Postman
(Address) 901 St. Louis Co. Hospital

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.

RECORD THIS IS A PERMANENT RECORD

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. Burgess

Licensed Embalmer No. 4039

P. O. Address.....

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.