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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30746

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8023

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ex. 1228 N. 11th. St. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 25 (If outside city or town limits, write "RURAL")

(d) Street No. 1228 N. 11th. St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nellie Kaufmann

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Otto A. Kaufmann

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 12, 1870 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 9 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Otto A. Kaufmann

(b) Address 3225 N. Florissant Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) SEP 26 1940 (Date received by Registrar) (b) J. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd ~~21st.~~ year 1940 hour 1 24 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Coronary Thrombosis

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Lucas (M. D. or other)

Address Deputy Coron Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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

If this body is not embalmed, fact should be so stated above.