

Registration District No. 791

Primary Registration District No. 1003

State File No. _____

Registrar's No. 9343

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME SAMUEL JAMES KEIFFER.

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maude Keiffer 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan. 12, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 10 1 hr. _____ min.

9. Birthplace Kansas City, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist Broker

11. Industry or business _____

12. Name Samuel Todd Keiffer

18. Birthplace unknown.
(City, town, or county) (State or foreign country)

14. Maiden name unknown.

15. Birthplace unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Keiffer
(b) Address 4910 W. Pine.

17. (a) burial (b) Date thereof 11-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 72333 Delmer, Blvd.,

19. (a) NOV 13 1940 (b) J. F. Bredbeck
(If buried in a cemetery) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4910 W. Pine
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1940 hour 3:30 minute 3:35 A. M.

21. I hereby certify that I attended the deceased from Oct - 24 - 1940 to Nov - 13 - 1940,
that I last saw him alive on Nov - 12 - 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death: General Peritonitis Duration 3 weeks
Gangrenous appendix 3 weeks
Due to _____
Due to _____

Other conditions: Gastric Ulcer 3-4 yrs
(Include pregnancy within 3 months of death)

Major findings: Abdominal abscess
Of operations _____

Of autopsy: Peritonitis
Gangrenous appendix
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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?

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature Charlton H. Smith (M. D. or other) _____
Address 508 N. Grand Blvd. Date signed 11/13/40

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

1-3 P.M.
Ment. Pldg.
JE - 2345

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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 Bradford A. Miller
Licensed Embalmer No. 2901
P. O. Address St. Louis, 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.