

FEB 25 1941
Registration District No. 791Primary Registration District No. 1003Registrar's No. 542

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:
4373 W. Pine Blvd Stone Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community. 1 mo
 years, months or days)

3. (a) PRINT FULL NAME Charles J. Kieferle3. (b) If veteran,
name war _____3. (c) Social Security
No. None4. Sex Male 5. Color or
race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Mary Kieferle6. (c) Age of husband or wife if
alive Unknown years7. Birth date of deceased January 25 1875
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
65 11 22 hr. min.9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation Proprietor11. Industry or business Bent Cleaning Co12. Name Anton Kieferle13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Johanna Danner
(City, town, or county) (State or foreign country)15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Eugene Kieferle(b) Address 1623 S. Grand Blvd17. (a) Burial (b) Date thereof Jan 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New St. Marcus Cemetery18. (a) Signature of funeral director Petz Brothers
(b) Address 3029 Lafayette Ave19. (a) 00 00 00 (b) J. M. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL") 176
 (d) Street No. 3154 Bent Ave
 (If rural, give location) 1
 (e) If foreign born, how long in U. S. A.? 44 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th day January
year 1941 hour 6:25 minute P. M.21. I hereby certify that I attended the deceased from
Aug 14 - 41, 1941 to 1-16 - 41, 1941;
that I last saw him alive on Jan 8 - 41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of stomach?

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings: Cancer of stomachOf operations _____
Of autopsy Just case

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature J. M. Brudick (M. D. or other) _____Address 495 2 Maryland Ave Date signed 1-17-41

190
20-8841
163
Dr. Wm. E. Wilson
4952 Wisconsin Ave.

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 Frank J. Owen

Licensed Embalmer No. 2245

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.