No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

929

State File No. 929

FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

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: 5005 Robin Ave. L
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 717
(If outside city or town limits, write "RURAL")

(d) Street No. 5005 Robin Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John M. Kaufhold

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louise Kaufhold

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 11, 1880 (Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 15 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Plumber Retired

11. Industry or business

FATHER
12. Name John Kaufhold
13. Birthplace Don't Know (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Louise Kaufhold
(b) Address 5005 Robin Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29/41 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cm.

18. (a) Signature of funeral director Weick Bros. Und. Co
(b) Address 2201 S. Grand Bl.

19. (a) JAN 28 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11 00 am Jan 26, 1941, to death, 19 ;
that I last saw him alive on Jan 26, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death uremia	1 wk
Tabes Dorsalis	
Due to ~~tabetic~~ flasser c̄ pyelonephritis (no stones)	12 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 30	
Of autopsy 0	

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 (W. O. GORLA)

23. Signature Wayne O Gorla (M. D. or other) 0
Address 2739 N. Grand Date signed 1-28-41

(Licensed Embalmer's Statement on Reverse Side)

Dr Gorla
1515 Spring

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 Harry A Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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

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