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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20498

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5310

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Central 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Clayton (If outside city or town limits, write "RURAL")

(d) Street No. Old Bonhomme Rd. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FLORENCE K. KIEFFER

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 Arthur F.

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Mar. (Month) 12 (Day) 1901 (Year)

8. AGE: Years 40 Months 3 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Christ Ziercher
13. Birthplace Clayton (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Grove
15. Birthplace Clayton (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Arthur F. Kieffer

(b) Address Clayton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Cem.

18. (a) Signature of funeral director Baumann Bros Inc

(b) Address 2504 Woodson Rd. Overland, Mo.

19. (a) JUN 27 1941 (Date received local registrar) (b) F. Cledeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1941 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from June 26 (Only one day) 1941, to 19 ; that I last saw her alive on June 26 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction — Duration 3 days

Due to Adhesions and Ventral hernia — indefinite

Due to Previous operation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Vent hernia obstructed intestine adhesions

Of autopsy None

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 John D. Hayward (M. D. or other)

Address Metropolitan Bldg St. Louis Date signed 6/27/41

(Licensed Embalmer's Statement on Reverse Side)

APR 7 1949

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 Oscar L Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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, fact should be so stated above.