

1-4-41
17-39
X25390

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **29830**
Registrar's No. **7167**

Registration District No. **791 I** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **5463 Union Blvd. /**
(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 **Mary Kiefer**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female /** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married /**
6. (b) Name of husband or wife **Frank P. Kiefer** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **Apr. 15 1869**
(Month) (Day) (Year)

8. AGE: Years **72** Months **4** Days **17** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **William Laska**

13. Birthplace **Bohemia**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown** **Bohemia**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Frank P. Kiefer**

(b) Address **5463 Union Blvd.**

17. (a) **Burial** (b) Date thereof **19-5-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem. Drehmann-Harral**

18. (a) Signature of funeral director _____
(b) Address **1905 Union Blvd.**

19. (a) **SEP 4 1941** (b) **J. P. Dredel**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis** **7 17**
(If outside city or town limits, write "RURAL")
(d) Street No. **5463 Union Blvd.** **9**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **2**
year **1941** hour **3** minute **45** P.M.

21. I hereby certify that I attended the deceased from **August 37** to **Sept 2 1941**
that I last saw him **alive on Sept 2 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocarditis** **Don't know**
Due to: **General hypertension** **Don't know**

Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

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? _____ Means of injury _____

23. Signature **Roland M. Brown** (M. D. or other) **M.D.**
Address **5330 Geraldine Ave** Date signed **9/4/41**

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

MOTHER FATHER

J330 Kernalle
8-9 + 1-2 + 7-8
pieces, 8-10 only

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 Warren P. Carver
Licensed Embalmer No. 3534
P. O. Address.....

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.