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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31467

Registration District No. 319 Primary Registration District No. 6077 Registrar's No. 58

1. PLACE OF DEATH:
(a) County STE. GENEVIEVE
(b) City or town RIVER AUX VASES, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / [illegible]
(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 STE GENEVIEVE 95 0
(c) City or town RIVER AUX VASES 0
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... 0 years.

3. (a) PRINT FULL NAME AUGUSTA MARTINI KIEFER
3. (b) If veteran, name war .....
3. (c) Social Security No. 494-03-2004
4. Sex FEMALE /
5. Color or race WHITE
6. (a) Single, widowed, married, / divorced MARRIED
6. (b) Name of husband or wife JOSEPH P. KIEFER
6. (c) Age of husband ~~or wife~~ if alive 52 years
7. Birth date of deceased JANUARY (Month) 25TH (Day), 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
50	7	13	..... hr. ..... min.

9. Birthplace RIVER AUX VASES, (City, town, or county) MO. 11 (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business .....
FATHER
12. Name NICHOLAS JOGGERST
13. Birthplace OFFENBERG, BADEN, GERMANY 7 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name WILHELMINA KLEIN
15. Birthplace ZELL, (City, town, or county) MO. 7 (State or foreign country)
16. (a) Informant JOS. P. KIEFER
(b) Address RIVER AUX VASES, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT (Month) 10 (Day) 1942 (Year)
(c) Place: burial or cremation STS PHILIP & JAMES CEMETERY
18. (a) Signature of funeral director Jerry Stanton Mortuary
(b) Address Ste Genevieve, Mo.
19. (a) Sept 9/42 (Date received local registrar) (b) T. W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 7th year 1942 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from May, 1942 to Sept 7, 1942, that I last saw her alive on Sept 7, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebro cardiac dilatation, Secondary Anemia.	
Due to Mastitis to liver	
Due to Cud left lung	
Other conditions (Include pregnancy within 3 months of death) 50	
Major findings: Of operations Carcinoma of left breast.	
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) W
(b) Date of occurrence W
(c) Where did injury occur? W (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? W (Specify type of place)
While at work? W (e) Means of injury W
23. Signature [illegible] (M. D. or other) MD
Address Ste Genevieve Mo Date signed 9-9-42

706 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1042-12
Date Filed 10-13-42

SEP 28 1956

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 LeRoy J. Schindler

Licensed Embalmer No. 4175

P. O. Address Perryville, 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.