

ED. MAY 18 1943 318  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **4237**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 Days** (Specify whether  
In this community **57 Years** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4248 Natural Bridge**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Fred Louis Eiffert**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **498-05-8669**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Feb. 28 1886**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**57 2 10** hr. min.

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

10. Usual occupation **Attendant**

11. Industry or business **Filling Station**

12. Name **Fred Eiffert**

13. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Carrie Schafer**

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

16. (a) Informant **Mrs. Dolly Joern**

(b) Address **3909 Evans**

17. (a) **Burial** (b) Date thereof **5-11-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Southern Funeral Home**

(b) Address **6322 So. Grand Blvd.**

19. (a) **MAY 10 1943** (b) **J. F. Bruesch**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8**  
year **1943** hour **2:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 4**, 19**43**, to **May 8**, 19**43**

that I last saw him alive on **May 8**, 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Degenerative Heart Disease with Hypertension**

Due to **Hypertension**

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **Refused**

Duration  
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 **Wm. R. Leon** (M. D. or other) **5/10/43**  
Address **1515 Lafayette Avenue** Date signed \_\_\_\_\_

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

MOTHER FATHER

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**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.....

*Virgil L. Berryman*

Licensed Embalmer No.....

*4018*

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, fact should be so stated above.**