

V. S. No. 2  
50M-5-42  
7-5-17-39  
I X32873

16271

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 4986

Registration District No. 318

Primary Registration District No. \_\_\_\_\_

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:  
1919 South Grand 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 SUSAN KAUFFMAN

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 Widow  
6. (b) Name of husband or wife..... Barney Kauffman Deceased 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... July 8th 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 10 20 hr. min.

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

10. Usual occupation..... Housework (State or foreign country) At Home

11. Industry or business..... Unknown Kauffmann

12. Name..... Unknown 9

13. Birthplace..... (City, town, or county) (State or foreign country) Unknown 9

14. Maiden name..... Unknown 9  
15. Birthplace..... (City, town, or county) (State or foreign country) Unknown 9

16. (a) Informant..... Mary Painter

(b) Address..... 3534 Humphrey Street

17. (a) Burial (b) Date thereof..... May 31 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Bellefontaine Cemetery

18. (a) Signature of funeral director..... Wm. J. Robert

(b) Address..... 1905 South Grand Blvd.

19. (a) MAY 29 1943 (Date received local registrar) J. F. [Signature] (Registrar's signature)

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..... 1919 South Grand Blvd.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 28  
year..... 1943 hour..... 3 minute..... 20 P. M.

21. I hereby certify that I attended the deceased from Jan 1  
..... 192 to May 28 1943  
that I last saw her alive on May 28 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Ch. Myocarditis 1 yr  
Ch. Cholesterol  
Due to..... Senility  
Due to.....  
Other conditions..... 121  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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..... W. S. [Signature] (M. D. or D. O.) MD  
Address..... 1803 [Address] Date signed..... 5/27/43

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 William J. Harris  
Licensed Embalmer No. 4319  
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.**