V. S. No. 2
50M—5-42
Rev. 5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1943

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26800

Registrar's No. 7098

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Lutheran Hospital. 0
(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: 000

(a) State Missouri. (b) County 12

(c) City or town Saint Louis, 7 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3717 Hartford Street.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ernst C. Kieckers,

3. (b) If veteran, name war

3. (c) Social Security No. 492-07-4986

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed. 2

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 12th, (Day) 1875. (Year)

8. AGE: Years 68 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Saint Louis, (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation Purchasing Agent

11. Industry or business Combustion Eng. Co.

FATHER
12. Name Emil Kieckers
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Bertha Christerson
15. Birthplace Saint Louis, (City, town, or county) Missouri. 0 (State or foreign country)

16. (a) Informant Ernst W. Kieckers
(b) Address Springfield Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 9,43. (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave.

19. (a) AUG 6 1943 (Date received local registrar) (b) J. F. Bridech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th, year 1943. hour 1 minute 5 P. M.

21. I hereby certify that I attended the deceased from Aug 3, 1943, to Aug 5, 1943; that I last saw him alive on Aug 5, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	24 hr
Due to Chronic cardiac defect	2 yr
Due to Chronic nephritis	1 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Same as above	

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 A M Grant (M. D. or other)

Address 3651 Grandel Sq Date signed 8/6/43

(Licensed Embalmer's Statement on Reverse Side)

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 V E Morris

Licensed Embalmer No. 3360

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.