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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6026

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3131 Chippewa St.
(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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3131 Chippewa St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William C. Kauffmann

3. (b) If veteran, name war

3. (c) Social Security No. 492-20-0911

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec. (Month) 5 (Day) 1872 (Year)

8. AGE: Years 71 Months 6 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Joseph Kauffmann
13. Birthplace (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Laura Kauffmann
(b) Address 3131 Chippewa St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave.

19. (a) JUL 6 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1944 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 21st, 1944, to July 3, 1944; that I last saw him alive on July 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial Nephritis since May 11th 1941

Due to Prostatic hypertrophy one year

Due to

Other conditions
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Albert A. Gebhardt (M. D. or other)
Address 438 Chippewa Date signed 7/8/44

(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.....

Licensed Embalmer No. 2645

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.