V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39371

FILED JAN 11 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11377

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)

In this community Life

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. 4801 Eichelberger
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Helen E Kilfoyle

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 Widowed

6. (b) Name of husband or wife Stanley

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

7. Birth date of deceased April (Month) 6 (Day) 1901 (Year)

8. AGE: Years 44 Months 8 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Herman Grospoeler
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

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

16. (a) Informant Stanley Kilfoyle
(b) Address 4801 Eichelberger

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/45 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa

19. (a) DEC 26 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 1945 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov 15/45 19, to Dec 23/45 19; that I last saw h alive on Dec 23/45 19; and that death occurred on the date and hour stated above.

Immediate cause of death Bright's Disease
Acute Glomerulo Nephritis
Due to
Due to

Duration
1 month
2 days
1 month

Other conditions Ch Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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)

(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 J. J. Stange (M. D. or other) Dec 26 1945
Address 1875 Madison Date signed

(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 John V. Ogonoski

Licensed Embalmer No. 3398

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.