

No. 2
M-5-43
5-17-39
I X36671

State File No.

Registrar's No. 179

FILED JAN 21 1946
318
Registration District No.

Primary Registration District No. 1003

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1/7
(d) Street No. 3654 A Dover Place
(If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Harry Kaufmann

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sophia 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased 3 6 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 10 0 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Maurice Kaufmann

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

14. Maiden name Rosalie Loebman

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

16. (a) Informant Rosalie Kaufmann

(b) Address 3654 A Dover Place, St. Louis, Mo

17. (c) Burial (b) Date thereof 1-8-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, building or crematorium Sunset Burial Park Cemetery

18. (a) Signatory of funeral director C. HOFFMEISTER COLONIAL MORTUARY

(b) Address 6464 Chippewa St. Louis, Mo

19. (a) JAN 7 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6
year 1946 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec 7, 1945 to Jan 6, 1946
that I last saw him alive on Jan 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis 6 mo

Due to arterio sclerosis 6 mo

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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?
Cemetery

(Specify type of place) While at work? (e) Means of injury 0

23. Signatory [Signature] (M. D. or other) MD

Address 7318 B Randa Date signed 1-7-46

Duration

6 mo

6 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Dr N. A. Schneider

3318 S. Grand

St. Louis 0333

1-5 PM

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 Harry J. Schenker

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.