

FILED FEB 18 1946

State File No. _____

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 27

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 723 Clay Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Theodore Kiefer

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased November 11, 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Joseph Kiefer

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

14. Maiden name Margdalena Knobst

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

16. (a) Informant Theodore Kiefer

(b) Address 723 Clay St. St. Charles, Mo.

17. (a) burial (b) Date thereof Jan 24-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
St. Peter Cemetery

(c) Place: burial or cremation St. Charles, Mo

18. (a) Signature of funeral director H. C. Dalmeyer & Sons

(b) Address 300 N. 2nd St. St. Charles, Mo.

19. (a) 1/25/46 (b) Familie Hamel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
year 1946 hour 9:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from
Jan 14 1946 to Jan 22 1946
that I last saw him alive on Jan 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Broken Compensation
Due to Chronic Myocarditis
Due to Gen. Arteriosclerosis
Banquise of left foot
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 93d
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) _____
(e) Means of injury _____
23. Signature P. Erich Schulz (M. D. or other) _____
Address St. Charles, Mo. Date signed 1/23/46

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

7
9
3

5893

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 2-15-46

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 _____

Philip A. Miceli, Registered Apprentice No. 388
working under my personal supervision.

Signed John E. Hallmeyer

Licensed Embalmer No. 2951

P. O. Address St. Charles, 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.