

FILED FEB 11 1946
Registration District No. 317

Primary Registration District No. 6076

State File No. _____
Registrar's No. 315

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Immaculate Heart Convent
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 Years
(Specify whether years, months or days)

In this community 44 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Katherine B. Kiefer

3. (b) If veteran, name was _____

3. (c) Social Security No. _____

4. Sex F. / 5. Color or race W.

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

6. (b) Name of husband or wife John M. Kiefer

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

7. Birth date of deceased August 9, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	6	26	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Unknown Diebold

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

14. Maiden name Marie Unknown

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

16. (a) Informant Elmer J. Kiefer

(b) Address 6655 Berthold Ave.

17. (a) Burial. (b) Date thereof 2-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Centy

18. (a) Signature of funeral director Alton J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) 2-7-46 (b) E. J. Gorman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Normandy
(If outside city or town limits, write "RURAL")

(d) Street No. 7626 Natural Bridge Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th
year 1946 hour 12 minute 00 A.M.

21. I hereby certify that I attended the deceased from 1-10-46 to 2-5-46
that I last saw her alive on 2-5-46 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 1 da

Due to Arterio sclerosis 10 yrs
Hypertension 16 yrs

Due to 450

Other conditions _____
(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? _____

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

23. Signature E. J. Gorman (or other) _____
Address 340 Bernuda Date signed 2-8-46

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

6069

FEB 23 1946

340 Bernhardt
2-5

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 W. H. Vanmatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.