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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18574

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4912

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: 5524 Lisette Av.
(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 Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5524 Lisette Av.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Ann Keiflein
3. (b) If veteran, name war NO
3. (c) Social Security No. NO.
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Louis Keiflein 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 16 1859 (Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 14 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business
12. Name Thomas Boughtman (Father)
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Ann Francis (Mother)
15. Birthplace Wales England (City, town, or county) (State or foreign country)
16. (a) Informant Esther Schlagenhauf
(b) Address 5524 Lisette Av.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.
18. (a) Signature of funeral director Witt Bros. & Mc
(b) Address 2929 S. Jefferson Av.
19. (a) JUN 2 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1946 hour 5 minute 00 p. M.
21. I hereby certify that I attended the deceased from May 26 1946 to May 30 1946 and that I last saw her alive on May 30 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Myocarditis Chronic
Arteriosclerosis
Due to Senility
Due to
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature V. H. Wagenbach (M. D. or other)
Address 4738 Illinois Av Date signed 5/31/46

(Licensed Embalmer's Statement on Reverse Side)

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

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 D. M. David

Licensed Embalmer No. 3241

P. O. Address 2929 Lo Jefferson Av

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.