

S. No. 2
M-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **25423**
Registrar's No. **6263**

FILED JUL 26 1946
Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4431 South Broadway
(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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4431 South Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LENA KIEFER
3. (b) If veteran, name war --
3. (c) Social Security No. --

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced 21
6. (b) Name of husband or wife Frank Kiefer
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: August 13 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 1
If less than one day _____ hr. _____ min.

9. Birthplace Switzerland
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____
12. Name Anton Frankenette
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Unknown
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Matron, Home of Friendless
(b) Address 4433 South Broadway, St. Louis, Mo.
17. (a) Cremation (b) Date thereof July 16, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory
C. Hoffmeister Colonial Mortuary
18. (a) Signature of funeral director _____
(b) Address 6464 Chippewa St., St. Louis, Mo.
19. (a) JUL 15 1946 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 14
year 1946 hour 9 minute 30 P.
21. I hereby certify that I attended the deceased from March 1940 to July 14, 1946
that I last saw her alive on July 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Due to _____
Due to H6
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Stomach 2/12/46
Of operations _____
Of autopsy no
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? _____ (b) Means of injury _____
23. Signature Charles E. Hundman (M. D. or other) M.D.
Address 3722 Washington St. Date signed 7/15/46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Linus C. Hoffmeister

Licensed Embalmer No..... *3871*

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.