

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2526**
Registrar's No. **996**

FILED FEB 10 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(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 _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME John Gieferl
3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clara Gieferl 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased June 11 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 7 27 hr. _____ min.

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

10. Usual occupation concrete worker

11. Industry or business Fruhin-Colon

12. Name unknown Gieferl

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

14. Maiden name unknown

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

16. (a) Informant John Gieferl, Jr.

(b) Address 9720 Perrin

17. (a) burial (b) Date thereof 1-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan

19. (a) JAN 30 1947 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lamay 23
(If outside city or town limits, write "RURAL")
(d) Street No. 9925 Perrin 9720
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) /
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 27
year 1946 hour _____ minute 46
21. I hereby certify that I attended the deceased from 1-25-47
to 1-27-47
that I last saw him alive on 1-27-47
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis
Hypertension
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) AK
Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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) (Means of injury)
23. Signature W. W. Eddle (M. D. or other)
Address 7602 S. Broadway Date signed 1/29/47

Burr

RR-1020
RR-0102

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 Alex C. Fendler

Licensed Embalmer No. 4148

P. O. Address St. Louis, 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.