

Registration District No. **318** Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
DePaul Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** BERTHA C. KIEFFER

**3. (b)** If veteran, name war None

**3. (c)** Social Security No. \_\_\_\_\_

**4. (a)** Sex Female

**5. Color or race** White

**6. (a)** Single, widowed, married, divorced Widow 2

**6. (b)** Name of husband or wife Late Theodore

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

**7. Birth date of deceased** March 9 1879  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>67</u>	<u>11</u>	<u>26</u>	hr. _____ min. _____

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

**10. Usual occupation** Housework

**11. Industry or business** \_\_\_\_\_

**12. Name** Otto Engelskind

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

**14. Maiden name** Unknown Breitenbach

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

**16. (a) Informant** Irma E Kieffer

**(b) Address** 4992a Pernod Ave.

**17. (a) Burial** Old SS Peter & Paul Cem.  
(Burial, cremation, or removal)

**(b) Date thereof** 3 8 47  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Old SS Peter & Paul Cem.

**18. (a) Signature of funeral director** Kriegshausen Und. Co.

**(b) Address** 4228 So. Kingshighway Bl.

**19. (a) Mar 8 1947** J. H. Bredek  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO. (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4422 W. Florissant Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month March day 5th  
year 1947 hour 11:45 minute \_\_\_\_\_ P.M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 1947, to \_\_\_\_\_, 1947  
Mar 5 to Mar 5

that I last saw him alive on \_\_\_\_\_, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia Duration 2 days

Due to arterio sclerosis General 3 yrs

Due to Rheumatoid Arthritis 10 yrs

Other conditions: \_\_\_\_\_

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) (Cause of injury)

**23. Signature** Oliver A. Hill (M. D. or other) \_\_\_\_\_  
4452 Maryland Date signed 5-7-47

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

2394

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**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 Richard W. Stoverand

Licensed Embalmer No. 4007

P. O. Address.....

**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.**