. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19020

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5550

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

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: 3645a Marine Avenue
(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. 24 3645a Marine Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Katherine Kiefer

3. (b) If veteran, name war ------

3. (c) Social Security No. 497-18-5188

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Michael

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

7. Birth date of deceased March (Month) 17th, (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	2	15	hr. min.

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

10. Usual occupation home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Margaret Gilyon
(b) Address 6808 Bonnie, Affton, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 6, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Wacker-Helderle U & L Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) JUN 5 1947 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Coronary Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 Thomas J. Collins (M. D. or other)
Address Coroner Date signed 6-5-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Frank J. Hyland

Licensed Embalmer No. 2645

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.