

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35918

FILED OCT 24 1947

Registration District No. 318

Primary Registration District No. 1003

State File No. _____

Registrar's No. 9238

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: Lutheran 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Herculaneum
(If outside city or town limits, write "RURAL")
(d) Street N.R. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Joseph Kaufmann

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Marie Kaufmann 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August 13 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>1</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Watchman

11. Industry or business Lead Smelter

MOTHER FATHER

12. Name Unknown 9

13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Edward L. Kaufmann

(b) Address Herculaneum, Mo.

17. (a) Burial (b) Date thereof 10-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Albert H. Honpe

(b) Address 4700 Washington Blvd.

19. (a) OCT 8 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1947 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from Oct 2 to Oct 6, 1947
that I last saw him alive on Oct 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death coronary embolism Duration 12 hr

Due to _____
Due to _____

Other conditions: hypertrophy of prostate gland
(Include pregnancy within 3 months of death)

Major findings: hypertrophy of prostate gland
Of operations _____
Of autopsy coronary emboli

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 0

23. Signature Herluf G. Land (M. D. or MD)
Address 3701 Grand Date signed Oct 8 1947

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 *Ernest W. Gillard*
Licensed Embalmer No. *11080*
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.