

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14969**
Registrar's No. **1031**

FILED MAY 3 1948

Registration District No. **319**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Manchester, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 year 8 mo**
(Specify whether years, months or days) **yes**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **96**
(c) City or town **Manchester**
(If outside city or town limits, write "RURAL") **000**
(d) Street No. **Rural**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Katie Eifler**
3. (b) If veteran, name war No. 3. (c) Social Security No.
4. Sex **Female** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **W 3**
6. (b) Name of husband or wife **Henry** 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **Oct. 17 1872**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **20**
year **1948** hour **1** minute **29** p.M.
21. I hereby certify that I attended the deceased from **April 17th**, 19**48**, to **April 20**, 19**48**
that I last saw her alive on **April 19**, 19**48**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 **6** **3** hr. min.

Immediate cause of death **Broncho - Pneumonia**
Due to **930**

9. Birthplace **Germany** (City, town, or county) (State or foreign country) **IL**
10. Usual occupation **Housewife**
11. Industry or business **At Home**

Other conditions **Chronic Myocarditis**
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

MOTHER FATHER { 12. Name **Frederick Koenig** 4
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Duchletia**
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mary Goebel**
(b) Address **Rt 6 Henry Rd. Sappington Mo.**
17. (a) **Cremation** (b) Date thereof **4/23/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Missouri Crematory**

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?

18. (a) Signature of funeral director **J. L. Ziegenhein & Sons**
(b) Address **7927 Gravois**
19. (a) **4-22-48** (b) **Beilda J. Harper**
(Date received local registrar) (Registrar's signature)

23. Signature **R. W. Jansen** (M. D. or other)
Address **Manchester, Mo.** Date signed **4-21-48**
(Specify type of place) (e) Means of injury **0**

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

12-45
5-17-39
X47070

6

6
0

OK 5/1

12/20/21
7/10/21

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.