. No. 2
—1/47
5-17-39

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3

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 16 1948

Registration District No. 3716

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

State File No. 41227

Registrar's No. 391

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St.Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri State Hospital No. 42
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 23 das. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 9110 St. Charles Road 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARGARET KIEFER
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bernard G. Kiefer
6. (c) Age of husband or wife if alive Age Unknown years
7. Birth date of deceased February (Month) 3, (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
64	10	5	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name C. J. Collins
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 1
MOTHER
14. Maiden name Ford
15. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country) 1
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem., St. Louis, Mo.
18. (a) Signature of funeral director Bauman Bros. Funeral Home
(b) Address St. Louis, Missouri
19. (a) 12-9-48 (Date received local registrar) (b) Esther Rudolff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8 year 1948 hour 6 minute 20 A. M.
21. I hereby certify that I attended the deceased from April 21, 1948, 19..., to December 8, 1948, 19...; that I last saw h...er alive on December 8, 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Syphilis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

30 9

Major findings:
Of operations
Of autopsy No 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) 1
While at work?
(e) Means of injury
23. Signature George H. Rogers (M. D. or other) M.D.
Address Farmington Mo. Date signed 12-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED

District Health Officer No. 4

District File Number 1248-1576

Date Filed 12-14-48

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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.