

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2676**
Registrar's No. **937**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2676		Registrar's No. 937									
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY _____													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) 55 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis											
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 16- 3940 Hartford													
3. NAME OF DECEASED (Type or Print) a. (First) Olive			b. (Middle) Mabel			c. (Last) Kiefer			4. DATE OF DEATH (Month) (Day) (Year) January 28, 1950								
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 13, 1894		9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Dr. H. L. Fichtenham				13b. MOTHER'S MAIDEN NAME Laura Ogle				14. NAME OF HUSBAND OR WIFE Edward C. Kiefer									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME Edward Kiefer ADDRESS 3940 Hartford									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Colon with</u> ANTECEDENT CAUSES <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>General Metastasis</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>												INTERVAL BETWEEN ONSET AND DEATH 6 Mo.					
19a. DATE OF OPERATION No			19b. MAJOR FINDINGS OF OPERATION No									20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 153X			21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from 8/30/1949 , to Jan. 28, 1950 , that I last saw the deceased alive on Jan. 27, 1950 , and that death occurred at 1:25 a.m. , from the causes and on the date stated above.																	
23a. SIGNATURE W. H. Walters M.D. (Degree or title)						23b. ADDRESS 3608 S. Grand Blvd.			23c. DATE SIGNED 1/28/50								
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE 1/31/50			24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery St. Louis, Missouri			24d. LOCATION (City, town, or county) (State) _____								
DATE RECD BY LOCAL REG. JAN 30 1950			REGISTRAR'S SIGNATURE J. B. Foster			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F. H. Inc., 1936 St. Louis											

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Max L. Warfield

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.