

FILED JUL 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 25467

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1778

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN CLAYTON
c. LENGTH OF STAY 3 WK. 3 DA
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI
b. COUNTY ST. LOUIS
c. CITY OR TOWN WEBSTER GROVES 4337
d. STREET ADDRESS 756 VALE AVE 1

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle)
c. (Last) KAUFFMAN
4. DATE OF DEATH (Month) (Day) (Year) July 23 1950

5. SEX MALE 0 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1 8. DATE OF BIRTH JAN 27, 1876 9. AGE (In years) last birthday 74

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER 10b. KIND OF BUSINESS OR INDUSTRY ODD JOBS 11. BIRTHPLACE (State or foreign country) GERMANY 4 12. CITIZENRY OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN KAUFFMAN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE HELEN BOEHM Kauffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME HELEN B. KAUFFMAN ADDRESS 756 VALE AVE

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Thrombosis
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Hypertensive cardio vascular disease
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 1 mo. 332X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 332X 20. AUTOPSY? YES [] NO [X]

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-30, 1950, to 7-23, 1950, that I last saw the deceased alive on 7-23, 1950, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. R. Cable (Degree or title) M.D. 23b. ADDRESS 6015 Brentwood, Clayton 5, Mo. 23c. DATE SIGNED 7-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE Jul 26, 1950 24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY 24d. LOCATION (City, town, or county) (State) KIRKWOOD MO

DATE REC'D BY LOCAL REG. 7-24-50 REGISTRAR'S SIGNATURE Herbert R. Doubrne 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MITTELBERG FUNERAL HOME 73 W. Lockwood Mo. net. OR.

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

STATEMENT BY LICENSED EMBALMER

1.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Elmo R. Cadwell

Signed.....

Student Embalmer

Licensed Embalmer No. *4977*

P. O. Address *St. Louis 7MO*

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.