FILED DEC 27 1950

S. No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42445

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10625

0

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 55 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 22 4 5
d. STREET ADDRESS (If rural, give location): 2902 Miami Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): ELSIE
b. (Middle): BERENICE
c. (Last): KAETZEL

4. DATE OF DEATH (Month) 12 (Day) 12 (Year) 50

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-24-1883
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Bonne Terre, Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Louis G. Kuffer
13b. MOTHER'S MAIDEN NAME: Eugenia S. Schneider
14. NAME OF HUSBAND OR WIFE: Henry Kaetzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 488-09-1964
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mr. Henry Kaetzel, 2902 Miami Street

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	HYPERTENSIVE CARDIO-VASCULAR DISEASE	5 YEARS
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	UREMIA	5 DAYS
DUE TO (c)	ARTERIOSCLEROSIS, GENERALIZED	5 YEARS
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: NONE
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 443 X

22. *I hereby certify that I attended the deceased from* SEPT. 8, 1949, *to* DEC. 12, 1950, *that I last saw the deceased alive on* DEC. 12, 1950, *and that death occurred at* 1:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert A. Hall 0 M.D.
23b. ADDRESS: 3902 LAFAYETTE, ST. LOUIS, MO
23c. DATE SIGNED: DEC. 12, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 12-14-50
24c. NAME OF CEMETERY OR CREMATORY: Park Lawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: DEC 13 1950
REGISTRAR'S SIGNATURE: Jr B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: BEIDERWIEDEN FUNERAL HOME, 1936 St. Louis

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robt A. Hall,
3902 Lafayette

Hours 1 - 4 pm

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 _____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Max L. Warfel

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.