

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED FEB 20 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>LEMAY</u>		c. CITY OR TOWN <u>LEMAY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>2/18/60</u>
c. LENGTH OF STAY (in this place) <u>5 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>708 KARLSRUHE 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>708 KARLSRUHE</u>			

3. NAME OF DECEASED (Type or Print) <u>JOHN</u>	a. (First)	b. (Middle)	c. (Last) <u>KIEFER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 11 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 2 1907</u>	9. AGE (In years last birthday) <u>45</u>	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 HRS. Hours	if UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MEAT CUTTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MARTY SUPER. MKT.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOSEPH KIEFER</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>MARIE KIEFER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give way or date of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARIE KIEFER</u>	ADDRESS <u>708 KARLSRUHE</u>
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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, asthma, 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) <u>Thromboplegia</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c)		<u>6 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Endocarditis</u>		<u>2 days</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	<u>481X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	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 Feb 9, 1953, to Feb 11, 1953, that I last saw the deceased alive on Feb 9, 1953, and that death occurred at 2 4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Sainsbury M.D.</u> (Degree or title)	23b. ADDRESS <u>3548 Sidney St</u>	23c. DATE SIGNED <u>Feb 12-53</u>
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24a. (BURIAL) CEMETERY <u>RESURRECTION</u>	24b. DATE <u>FEB 16 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>
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DATE RECD BY LOCAL REG. <u>2-14-53</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Donker M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ruten</u>	ADDRESS <u>2906 Grannis</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Leo J. Budde*
Licensed Embalmer No. *398*
P. O. Address *H. Lou*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.