

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 21 1955

 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 773

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 (If outside corporate limits, write RURAL and give OR TOWN <u>Kirkwood</u>) c. LENGTH OF STAY (In this place) <u>10 days</u>		c. CITY OR TOWN <u>Creve Coeur</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		STREET ADDRESS (If rural, give location) <u>333-N-Lindbergh Blvd.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emil</u> b. (Middle) <u>Gustav</u> c. (Last) <u>Kauffmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 2, 1955</u>	
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>May 12, 1871</u>
9. AGE (In years last birthday) <u>83</u>		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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clayton, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Kauffmann</u>	
13b. MOTHER'S MAIDEN NAME <u>Christine Penz</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Kauffmann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elmer L. Kauffmann</u>		ADDRESS <u>327 N-Lindbergh Clayton, Mo.</u>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Wound disruption and shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 - 14 hours</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Generalized Peritonitis</u> <u>10 day</u>	
DUE TO (c) <u>Peritonitis with perforation</u> <u>10 days</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>576-X</u>	
19a. DATE OF OPERATION <u>3-24-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Peritonitis with perforation + Generalized Peritonitis; Wound disruption</u>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <u>3-24-1955</u> , to <u>4-1-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-31-</u> , 19 <u>55</u> , and that death occurred at <u>3:30 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Engel T. Dreyfus, M.D.</u>		23b. ADDRESS <u>University Club Bldg.</u>	
23c. DATE SIGNED <u>4-4-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-5-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Ev. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Olivette, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/5/55</u>		REGISTRAR'S SIGNATURE <u>Heber K. ...</u>	
FEDERAL DIRECTOR'S SIGNATURE <u>Sturman ...</u>		ADDRESS <u>504-Woodson Rd-Overland, Mo.</u>	

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 *Oscar F Mueller*.....

Licensed Embalmer No. *30*.....

P. O. Address *Overland*.....

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.