

No. 2  
11-10-39  
5-17-39  
I X21492

MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **22838**

Registration District No. **74**

Primary Registration District No. **200**

Registrar's No. **1167**

**1. PLACE OF DEATH:**  
(a) County **St. Louis**  
(b) City or town **Overland, Mo.**  
(c) Name of hospital or institution:  
**2432 Adams Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Mo.** (b) County **St. Louis**  
(c) City or town **Overland**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2432 Adams Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** **Elizabeth Dufner** **156**  
**3. (b) If veteran, name war** **No** **3. (c) Social Security No.** **None**

**4. Sex** **female** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced** **widowed**  
**6. (b) Name of husband or wife** **Albert Eichor** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **Feb. 21, 1868.**  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
**72** **2** **28** hr. min.

**9. Birthplace** **Germany**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Housework**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** **Charles Meilert**  
**18. Birthplace** **Germany**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Johanna Peters**  
**15. Birthplace** **Germany**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Anna Eichor**  
**(b) Address** **2432 Adams Ave.**

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** **June 21/40.**  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** **Calvary Cem.**

**18. (a) Signature of funeral director** **Jos. W. Clark**  
**(b) Address** **1125 Hodiamont Ave.**

**19. (a) JUN 19 1940** (Date received local registrar) **(b) [Signature]** (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **June** day **18**  
year **1940** hour **8.** minute **45 P.M.**

**21. I hereby certify that I attended the deceased from** **Jan 10 - 1940**  
\_\_\_\_\_ 19\_\_\_\_, to **6-18** 19**40**  
that I last saw her alive on **6-18** 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Cerebral Hemorrhage**  
Due to **Arterio-Sclerosis**  
Duration **1 hr, 27 min**  
Due to \_\_\_\_\_  
Other conditions **Myocarditis**  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**  
**(a) Accident, suicide, or homicide (specify)** \_\_\_\_\_  
**(b) Date of occurrence** \_\_\_\_\_  
**(c) Where did injury occur?** \_\_\_\_\_  
(City or town) (County) (State)  
**(d) Did injury occur in or about home, on farm, in industrial place, in public place?**

**23. Signature** **Lee J. Kieckhefer** (M.D. or other)  
Address **8105 page 33rd** Date signed **6/19/40**

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

5-6  
9-6  
Dr. Leo Reilly  
8105 Page Blvd.,  
Winfield 1021.

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Gas. W. Clark  
Licensed Embalmer No. 1661  
P. O. Address 1125 Nodiano

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**