No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26241

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1428

6

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Elms Convalescent Home
(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 University City
(If outside city or town limits, write "RURAL")

(d) Street No. 6668 Delmar Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph Effinger 152

3. (b) If veteran, name war None 486-14-3226

3. (c) Social Security No. Withdrawn

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Effinger

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. (Month) 12th (Day) 1870 (Year)

8. AGE: Years 69 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Cleveland (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Night Clerk Hotel 6

11. Industry or business

FATHER
12. Name Jacob Effinger 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Catherine Reiff
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mary Effinger
(b) Address 6668 Delmar Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-40 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 30 1940 (Date received local registrar) (b) R Meyer MD Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th year 1940 hour 7:10 minute A.M. M.

21. I hereby certify that I attended the deceased from July 29, 1940, to July 29, 1940, that I last saw him alive on July 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to 93C

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)
Poss. Diabetes

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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? 707 (Specify type of place)

While at work? (e) Means of injury

23. Signature E. Williamson (M. D.) M.D.

Address 6336 Clayton Road Date signed 7/30/40

(Licensed Embalmer's Statement on Reverse Side)

6336 Clayton Rd. 2-4 P.M.

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 Edwin D. McKernan

Licensed Embalmer No. 3024

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.