

No. 2  
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-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7378

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 420

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Affton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 7015 Rock Hill Rd.  
(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

3. (a) PRINT FULL NAME Laura Bertha Efken  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Jan 30 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 0 22 hr. min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country) 0

10. Usual occupation Executive

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

MOTHER FATHER { 12. Name Fred Fausin  
13. Birthplace Leipzig Germany (City, town, or county) (State or foreign country) 4  
14. Maiden name Bertha Schmidt  
15. Birthplace St. Louis (City, town, or county) (State or foreign country) 0

16. (a) Informant William Efken  
(b) Address 7015 Rock Hill Rd.

17. (a) Burial (b) Date thereof 2/25/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director John L Ziegenhein & Sons  
(b) Address 2027 Gravois

19. (a) 2-26-47 (b) Ruth J. Allen, M.D.  
(Date received local registrar) (Registrar's signature) 32

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis 96  
(c) City or town Affton 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7015 Rock Hill Rd. 0  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22  
year 1947 hour 12 minute 45 A.M.  
21. I hereby certify that I attended the deceased from 8 Feb  
1947 to Feb 22 1947  
that I last saw her alive on Feb 21 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration  
Coronary occlusion 15 min  
Due to diabetes mellitus 12 yrs  
Due to 61  
Other conditions Arteriosclerosis  
(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?

While at work? \_\_\_\_\_ (Specify type of place) 0  
(e) Means of injury \_\_\_\_\_  
23. Signature H. W. Jarman (M. D. or other) MD  
Address 2836 Gravois Date signed 2-24-47

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

OCT 10 1947

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**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 *W. G. Peterson*  
Licensed Embalmer No. *3767*  
P. O. Address. *7027 Gravois*

**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.**