7. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 39610

FILED DEC 15 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 11130

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) ()
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Washington (If outside city or town limits, write "RURAL") 2
(d) Street No. 355 McLean St. (If rural, give location) 1
NR
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EFFLER, CARL THEODORE
3. (b) If veteran, name war No
3. (c) Social Security No. 702-14-6924
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blanche Effler
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased January (Month) 27 (Day) 1887 (Year)

8. AGE: Years 60 | Months 10 | Days 5 | If less than one day hr. min.
9. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country) ()
10. Usual occupation Mo. Pac. R.R.
11. Industry or business
MOTHER FATHER
12. Name Wendel Effler
13. Birthplace Germany (City, town, or county) (State or foreign country) 7
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Mrs. Blanche Effler
(b) Address Washington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) DEC 4 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 2nd
year hour 10 minute 40 P.M.
21. I hereby certify that I attended the deceased from 13 Nov 1947 to 2 Dec 1947 that I last saw him alive on 2 December 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Uremia | |
| Due to Polycystic kidneys | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy Polycystic kidneys | |

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
Signature (M. D. or other)
Address Date signed 12-4-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1949

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 J. Allen Davis Jr.

Licensed Embalmer No. 4058

P. O. Address.....

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.