

FILED OCT 4 1952
XC 78810
REG #105241THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33791

State File No. _____

BIRTH NO. _____ REG. DIST. NO. ~~317~~ PRIMARY REG. DIST. NO. ~~317~~ Registrar's No. 2493

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS		c. LENGTH OF STAY (in this place) 3 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		2079			
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP				d. STREET ADDRESS (If rural, give location) 5148 ORIOLE					
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) A		c. (Last) EIFERT		4. DATE OF DEATH (Month) (Day) (Year) 9-27-52			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-13-99		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OCCUPATIONAL THERAPY			10b. KIND OF BUSINESS* OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME JOSEPH EIFERT			13b. MOTHER'S MAIDEN NAME MARGARET WREDE		14. NAME OF HUSBAND OR WIFE MARIE EIFERT				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS., MO.				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RHEUMATIC HEART DISEASE				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 416X					
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) VA		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 9-24-52 , 19 52 , to 9-27-52 , 19 52 , and that death occurred at 6:25A m., from the causes and on the date stated above.									
23a. SIGNATURE J. ST. KAMINSKAS				23b. ADDRESS MD 17 VAH, JEFFERSON BARRACKS, MO.		23c. DATE SIGNED 9-27-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-29-52		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jeff. Brks, Mo.			
DATE REC'D BY LOCAL REG. 9-27-52		REGISTRAR'S SIGNATURE Herbert Kaminski		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		ADDRESS 6322 S. Grand Blvd.			

1000 31

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
Student Embalmer

Signed *David Lee Fossain*

Licensed Embalmer No. *4242*

P. O. Address *6322 50 Blvd*

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.