

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25795

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Precinct Registration District No. 003
(No. Mo. Dept. Serv.)

File No.
Registered No. 17629
St. Ward

2. FULL NAME

Mahdeman (Boley) Kaldeman

(a) Residence. No. 4116 Nebraska St., 15 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, ~~Married, Widowed, or Divorced~~ Widowed (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-23-28

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 3 hrs. 5 hours or — min.
July 23/1928

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 161A
(b) General nature of industry, business, or establishment in which employed (or employer) 139C
(c) Name of employe 159

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Robt. G. Kaldeman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Minnie Harding

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Robt. G. Kaldeman (Address) 4116 Nebraska

15. FILED 211 Miss Standley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1928

17. I HEREBY CERTIFY That I attended deceased from July 23 - 8:00 am, 1928, to July 23 - 1:00 pm, 1928 that I last saw h. live on July 23, 1928, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of Heart
due to
atelectasis of lungs
(duration) 5 hours

CONTRIBUTORY (SECONDARY) Premature?
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mo.
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy

(Signed) Frank Hinchey, M. D.

, 1928 (Address) Humboldt Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Matthews DATE OF BURIAL 7-25-1928

20. UNDERTAKER Robt. G. Kaldeman ADDRESS 4116 Nebraska

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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