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

Do not use this space.

8302

1. PLACE OF DEATH

County ..... Registration District No. 791

Township St. Louis ..... Primary Registration District No. 1002

City St. Louis (No. 5505 S Grand Blvd St. ..... Ward)

File No. .....

Registered No. 1953

2. FULL NAME Geo J Kaltenthaler

(a) Residence. No. 5505 S. Grand Blvd. 15 Ward.
(Usual place of abode) (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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25 1858

7. AGE: Years 70 | Months 1 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work City Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer St Louis

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

PARENTS

10. NAME OF FATHER Jacob Kaltenthaler

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

12. MAIDEN NAME OF MOTHER Friderika Heimach

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

14. INFORMANT Bertha Kaltenthaler
(Address) 5505 S Grand Blvd.

15. FILED FEB 11 1929 Wm C J Tarrant REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 8 1929

17. I HEREBY CERTIFY, That I attended deceased from February 1, 1929, to February 8, 1929, that I last saw h~~im~~ alive on February 8, 1929, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchopneumonia

1DTA

1DA

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis

non Tubercular (duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? physical

(Signed) J. P. Hoeffer, M. D

2-9, 1929 (Address) 2120 S. Grand Blvd

*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 New St. Marcus — DATE OF BURIAL 2-11 1929

20. UNDERTAKER Wm Schumacher — ADDRESS 3073 Meramec

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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