

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

Do not use this space.

17650

**1. PLACE OF DEATH**

County.....

Registration District No. *701*

Township.....

Primary Registration District No. *1003*

City *St. Louis, Mo.* (No. *5120*, *N. Kingshighway*)

File No. ....

Registered No. **4589**

St. .... Ward)

**2. FULL NAME** *Edward L. Kachelhoffer*

(a) Residence, No. *5120 N. Kingshighway* *7* 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 *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 *Anna L. Kachelhoffer*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May - 15 - 1879*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
*52 11 24*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sales Manager*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Shell Oil Co.*

10. Date deceased last worked at this occupation (month and year) *June 1, 1932* 11. Total time (years) spent in this occupation *10*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Freeport, Ill.*

13. NAME *Joseph Kachelhoffer*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Freeport, Ill.*

15. MAIDEN NAME *Caroline Abel*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Buffalo, N. Y.*

17. INFORMANT *Anna L. Kachelhoffer*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Kansas City, Mo.* DATE *May 10, 1932*

19. UNDERTAKER *Kingshighway Memorial Co.* (ADDRESS) *714 Kingshighway at Washington*

20. FILED *MAY 10 1932* *W. C. Stanley* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 9, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 1, 1931, to May 9, 1932*

I last saw him alive on *May 8, 1932*. Death is said to have occurred on the date stated above, at *5:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of Peris the primary seat.*  
*57F 53E*  
Other contributory causes of importance:  
*Carcinoma of Inguinal Glands ap* (1931)

Name of operation *(D)* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Seth P. Smith*, M. D.

(Address) *4500 Clarence*

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.

