

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

Do not use this space.

42162

1. PLACE OF DEATH

County..... Registration District No. 101
 Township..... Primary Registration District No. 35
 City St. Louis (No. 4102 Westminster) St. Ward)

File No.
 Registered No. 11288

2. FULL NAME Allce V. Kellhofer
 (a) Residence, No. 4102 Westminster St., 19 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 Female **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 Charles T. Kellhofer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 11 9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higginville Mo

13. NAME Unknown Belt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Charles T. Kellhofer
4102 Westminster

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem. Dec 21st 1932

19. UNDERTAKER (ADDRESS) C. R. Dutton
4444 Olive Street

20. FILED DEC 15 1932
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18-1932
22. I HEREBY CERTIFY, That, I attended deceased from Dec 18-, 1932, to Dec 18, 1932
 I last saw her alive on Dec 18, 1932. Death is said to have occurred on the date stated above, at 6:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
93c 930
 Other contributory causes of importance:
Chronic Myocarditis

Name of operation..... 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) AS Hobbs, M. D.
 (Address) 4064 Olive St

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.

#4064 Olive St.
2.30 to 4.