WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-11-24-33

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11011

Township ..... Primary Registration District No. 1003 Registered No. 2870

City St Louis (No. Alexian Bros' Hospital St. ..... Ward)

2. FULL NAME Chas Max Kachel

(a) Residence, No. 4754 Cote Brilliant St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1872

7. AGE YEARS 61 MONTHS 9 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Germany

FATHER

13. NAME Paul Kachel

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

MOTHER

15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) Marie Pierce 4754 Cote Brilliant

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethany DATE Mch 24 1934

19. UNDERTAKER (ADDRESS) Wm. H. Paschedag 2825 No Grand Av

20. FILED MAR 22 1934 J. F. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-15-33, 19..., to 3-21-, 1934

I last saw him alive on 3-21-, 1934. Death is said to have occurred on the date stated above, at 9 45 P m.

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

	Date of onset
Congestive Heart Disease	3/15/34
93C	
95B	

Other contributory causes of importance: Chronic Myocarditis

93C

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Ex Was there an autopsy? No

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) R. Hofmeister, M. D.

(Address) 3958 S. Grand St. C

(R. Hofmeister)