

DEC 3 1936

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

Do not use this space.

791

42987

1. PLACE OF DEATH

County.....

Registration District No. 1003

Township.....

Primary Registration District No. 1003

City. St. Louis

(No. Little Flower Retreat

2500 S 18th. Street Ward

File No.

Registered No. 11562

2. FULL NAME

Caroline Kelting

(a) Residence, No. 2500 S. 18th. Street 23 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. D. Kelting		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17th. 1851		
7. AGE	YEARS 85	MONTHS 5
	DAYS 4	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
	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

13. NAME Anton Demuth

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

15. MAIDEN NAME Not-known

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

17. INFORMANT (ADDRESS) Wm. C. Kelting 215 Bondie, Wyodotte Mich.

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter Paul DATE Nov. 23rd. 36

19. UNDERTAKER (ADDRESS) H. M. Schumacher 23012 Mesquite

20. FILED NOV 22 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21st. 19 36

22. I HEREBY CERTIFY, That I attended deceased from Nov 17th 1936, to Nov 21st 1936. I last saw h. a. alive on Nov. 21st 1936. Death is said to have occurred on the date stated above, at 1/45am

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

Chronic Myocardial Disease Date of onset

Other contributory causes of importance: Arterio-sclerosis.

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

What test confirmed diagnosis?..... 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?..... (S. ecify 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? no

If so, specify.....

(Signed) Paul B. Webb M.D.

(Address) 3467 Marguerford Rd.

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.

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

31.7
1-17-31