WHITE 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.

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

REC'D AUG 12 1938

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4101 Papin St. St. Ward)

File No. 23343

Registered No. 6037

2. FULL NAME Christian Kaechele

(a) Residence, No. 4101 Papin St. St., 18 Ward. 240
(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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Late Louise Kaechele

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 2, 1856

7. AGE: YEARS 82 MONTHS 4 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): 8 Yrs. ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wurtemburg Germany 6

FATHER

13. NAME: Unknown Kaechele 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER

15. MAIDEN NAME: Unknown 6

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

17. INFORMANT (ADDRESS): Mrs. Alma Matuschek 4101 Papin St.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mo. Crematory DATE: 7-7, 1938

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries 4104 Manchester

20. FILED: JUL 6 1938 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-4-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/14, 1938 to 7/4, 1938

I last saw him alive on 7-2-, 1938 Death is said to have occurred on the date stated above, at 12:10 P.m.

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

Chr myocarditis — Date of onset 5/14/38

J. Z. C.

Other contributory causes of importance: General arteriosclerosis unknown

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

What test confirmed diagnosis? Phys. Exam 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? no

If so, specify .....

(Signed) E. H. Edwards, M. D.

(Address) 4030 Chouteau Av

Edwin D McDermott

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