

REC'D SEP 21 1938

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

28716  
Do not use this space.

1. PLACE OF DEATH

(a) County... Cooper Registration District No. 218  
(b) Township..... Primary Registration District No. 3015 Registered No. 78  
(c) City... Boonville (d) Street No..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Frank Kalb 410  
(a) Residence, No. Vine St. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Mrs. Emma Kalb.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25th, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 10 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter.  
9. Industry or business in which work was done, as saw mill, bank, etc. General building.  
10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County, Mo.

FATHER 13. NAME Unknown.

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

MOTHER 15. MAIDEN NAME Unknown.

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

17. INFORMANT (ADDRESS) Marvin Kalb.  
Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville, Mo.  
Walnut Grove Cem DATE Aug. 25th, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodman & Haller  
Boonville, Mo.

20. FILED Aug. 24, 1938 D. P. Cooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24 1938

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1938 to Aug 24, 1938  
I last saw him alive on Aug 22, 1938. Death is said to have occurred on the date stated above, at 2:00 A.M.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance: arterio-sclerosis

Name of operation none Date of

What test confirmed diagnosis? clinical 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? no

If so, specify (Signed) T. C. Beckett, M. D.

(Address) Boonville, Mo

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9/14/38

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

*G. F. Baller*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*G. F. Baller*

Licensed Embalmer No. *3062*

P. O. Address *Brownville, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**