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.

REC'D DEC 12 1938

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

37180
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. 791

(b) Township ..... 1 Primary Registration District No. 1003 Registered No. 9507

(c) City St. Louis (d) Street No. 4562 Holly Avenue 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.

4/14

2. PRINT FULL NAME THEODORE D. KALBFEL

(a) Residence, No. 4562 Holly Avenue St. 9
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Emma W. Kalbfel (Nee Ohmemus)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1865

7. AGE: Years 73 | Months 4 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as saw mill, bank, etc. Broker

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) Belleville Ill

FATHER

13. NAME David Kalbfel

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 Mrs. Dorothy Eicks
(ADDRESS) 4562 Holly Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Nov. 3, 1938

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED NOV 1 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jul 1st, 1936, to Oct 31, 1938, that I last saw him alive on Oct 31, 1938. Death is said to have occurred on the date stated above, at 3:30 P. M.

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

	Date of onset
Aneurysm of the ascending Aorta	?

Other contributory causes of importance:

Ascites	?

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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) 4307 [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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, ...

....., or by .....

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

Signed *Leonard Hampton*

Licensed Embalmer No. *2967*

P. O. Address *2161 E. Fair*

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

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