

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

791
1003

888
Do not use this space.

Registered No. **888**

REC'D FEB 10 1939

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis Mo. (d) Street No. St. Anthony Hospital 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 William Kaeling

(a) Residence, No. 1918 Mississippi Ave. St. 23 (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*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia Kaeling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
52	1	4	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis. (STATE OR COUNTRY) Mo.

FATHER

13. NAME Hermam Kaeling

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) St. Louis. (STATE OR COUNTRY) Mo.

17. INFORMANT Lydia Kaeling (ADDRESS) 1918 Mississippi Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE Jan 30 39

19. FUNERAL DIRECTOR (NAME) J. P. Curtis (ADDRESS) 2906 Gravois Ave.

20. FILED JAN 29 1939 J. B. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 / 27 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/14, 1938, to 1/27, 1939

I last saw him alive on 1/27, 1939. Death is said to have occurred on the date stated above, at 2:00 P. M.

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

Primary carcinoma of bronchus in left lung.

Other contributory causes of importance:
Terminal Broncho-pneumonia
Chronic myocarditis

Date of onset: at least 6 mo. ago.

3 days. 6 mo.

Name of operation none Date of.....

What test confirmed diagnosis? bc Was there an autopsy? yes

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) Wm. J. Hanna M. D.
 (Address) 1040 Ernest

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.

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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.....

Thos Lutus

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Thos Lutus*

Licensed Embalmer No. *1619*

P. O. Address.....

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.