

REC'D MAR 13 1939

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

5018  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis, Mo. (d) Street No. 2824a Eads Avenue St. 791  
(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. 1003  
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 1711

2. PRINT FULL NAME 416 Mrs. Anna Kalbrier

(a) Residence, No. 2824a Eads Avenue St. 23  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Kalbrier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 6, 1856</u>		
7. AGE <u>82</u>	YEARS <u>5</u>	MONTHS <u>16</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Household</u>		11. Total time (years) spent in this occupation.....
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>Claus Gausch</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Elzabe Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs. Wm. Hiesche</u> (ADDRESS) <u>2824 Eads</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Pickers Cem.</u> DATE <u>Feb 24, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Beiderwieden F. H. Inc.</u> (ADDRESS) <u>1936 St. Louis Avenue</u>		
20. FILED <u>FEB 23 1939</u> <u>J. B. Bruck</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 8th, 1939, to February 20th, 1939  
I last saw her alive on February 20th, 1939. Death is said to have occurred on the date stated above, at 1:30 A.M.  
The principal cause of death and related causes of importance were as follows:  
Coronary thrombosis  
Influenza  
Date of onset Feb. 18th

Other contributory causes of importance:  
Senility

Name of operation None Date of.....  
What test confirmed diagnosis? All usual. 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) W. J. Gumpel, M. D.  
(Address) 2978 S. Jefferson

WRITE 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.

I X14028

Dr. C. B. W. Jung  
2278 = S. J. Jeph

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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 Foran Percy

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

Signed Guil Katz

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave.

**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.**