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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

36386

# STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 1975

NOV 21 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pasadena Hills  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 4511 Marlboro Ct.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None 2  
(Specify whether)

In this community Birth  
years, months or days

3. (a) PRINT FULL NAME Howard T. Kalbfell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie E Kalbfell nee Neusche

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased October 24, 1900  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>11</u>	<u>23</u>	hr. _____ min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Motion picture show prop.

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Charles Kalbfell

13. Birthplace Belleville, Ills.  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Carrico

15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marie E. Kalbfell

(b) Address 4511 Marlboro Ct.

17. (a) Burial (b) Date thereof 10/19/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 18 1940 (b) R. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Pasadena Hills  
(If outside city or town limits, write "RURAL")

(d) Street No. 4511 Marlboro Ct.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th  
year 1940 hour 1:00 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 31, 1937, to Oct 17, 1940  
that I last saw him alive on Oct 16, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Duration 3 yrs.

Due to \_\_\_\_\_

Due to 930

Other conditions Hypertension  
(Include pregnancy within \_\_\_\_\_ months of death)

Duration 3 yrs.

Major findings: ~~Of operations~~

Of autopsy: ~~\_\_\_\_\_~~

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (Means of injury)

23. Signature Setts P. Smith (M. D. \_\_\_\_\_)

Address 4500 Clarence Date signed 10/18/40

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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.....

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

working under my personal supervision.

Signed

*Samuel Hampton*

Licensed Embalmer No. *2967*

P. O. Address *St. Louis, 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, fact should be so stated above.**