No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36804

State File No.

DEC 22 1941

Registration District No. 791 1

Primary Registration District No. 1003

Registrar's No. 9034

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Ozanam Shelter, 3229 Montgomery St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3229 Montgomery St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

(If yes, name country)

3. (a) PRINT FULL NAME Frank F Kahre

3. (b) If veteran, name war -----

3. (c) Social Security No. 498-07-7038

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Anna Theresa VanPelt Kahre

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

7. Birth date of deceased June (Month) 11 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
72	5	2	hr. min.

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

10. Usual occupation Night Watchman

11. Industry or business Grand Leader Dept Store

FATHER
12. Name Henry F Kahre
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Louise Peters
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Frank A. Kahre Jr.
(b) Address 3805 Dunnica Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 15 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home
(b) Address 1936 Stc Louis Ave

19. (a) NOV 14 1941 (Date received by registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13 year 1941 hour ? 5 minute 55 A.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw him alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Occlusion
Arterio Sclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Obstruction Bowels
fecal

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

Inc

23. Signature Thomas F Gallenen (M. D. or other)
Address Deputy Coroner Date signed 11/14/41

(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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Av

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

If this body is not embalmed, fact should be so stated above.