

FILED MAR 17 1942

Registration District No. 17792

Primary Registration District No. 1003

Registrar's No. 1272

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:
4307 Oregon Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 84 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 15000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 4307 Oregon Ave.
(If rural, give location) 9
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1942 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from April 1938
Feb 9th 1942 to Feb 9th 1942
that I last saw him alive on Feb 9th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
arteriosclerotic hypertension 37 min.

Due to.....
131

Due to.....
Other conditions Arterial Dribility
(Include pregnancy within 3 months of death) 39 min.

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)
(c) Means of injury.....

23. Signature Albert A. Gerhardt (M. D. or other)
Address 5438 S. Liffman Date signed 9/10/42

3. (a) PRINT FULL NAME Louis E. Kaltwasser Sr.

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anna Maria 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased March 14 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>9</u>	<u>27</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

12. Name Unknown 7

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

14. Maiden name Unknown 9

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Louis E. Kaltwasser Jr.

(b) Address 3634 Gravois Ave.

17. (a) Burial (b) Date thereof 2/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Max Helderherd 60
(b) Address 3634 Gravois Ave.

19. (a) FEB 10 1942 (Date received local registrar)
J. Bruneau (Registrar's signature)

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

MOTHER FATHER

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..... *Robert C. Wheeler*
Licensed Embalmer No. *2178*
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.