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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22274

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1369

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Home. Div. #2 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. 14 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3951a Chippewa St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Helen V. Kehlenbrink

3. (b) If veteran, name war -

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Henry Kehlenbrink

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

7. Birth date of deceased February (Month) 24 (Day) 1855 (Year)

8. AGE: Years 87 Months 3 Days 30 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Henry Hertling
13. Birthplace - (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name - Roth
15. Birthplace - (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Cyril Kehlenbrink
(b) Address 3951a Chippewa St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Hacker-Hilderle Und & Lin Co.
(b) Address 3634 Gravois Ave.

19. (a) JUN 24 1942 (Date received local registrar) (b) C. G. McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd.
year 1942 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 27th, 1942 to June 23rd, 1942
that I last saw her alive on June 22nd, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 1310

Due to

Other conditions Chr. Int. Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature R. N. Jansen (M. D. ~~[illegible]~~)
Address Manchester, Mo Date signed 6/23/42

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(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 Robert C. O'Keefe

Licensed Embalmer No. 2128

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.