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 AUG 14 1942

Registration District No. 791

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22868

Registrar's No. 6628

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

000

(a) State Mo. (b) County 17

(c) City or town St. Louis 0 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3328 S 18th St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank Fred Kahlert

3. (b) If veteran, name war no.

3. (c) Social Security No. 491-18-8916

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Tina Kahlert

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 24 (Month) 1870. (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	1	10	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Baler

11. Industry or business Orchard Paper Co.

FATHER
12. Name John Kahlert
13. Birthplace (City, town, or county) California 1 (State or foreign country)

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

16. (a) Informant Tina Kahlert
(b) Address 3328a S. 18th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-1942 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Witt Bros. L & Co
(b) Address 2929 S. Jefferson Av.

19. (a) AUG 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4. year 1942 hour 11:00 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 18. 1942, to Aug. 4. 1942 that I last saw him alive on Aug. 4. 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Psychosis with cerebral arteriosclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None performed.

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 John E. Miksicek M.D. (M.D. or other)

Address 5 5 Date signed

(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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2929 So. Jefferson

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.