

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38058

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

Registrar's No. 2370

FILED DEC 10 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 200

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

1. PLACE OF DEATH:  
(a) County ST. LOUIS - Indure  
(b) City or town ST. LOUIS - Indure  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: HALL'S FERRY MEMORIAL Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 months  
(Specify whether  
In this community 58 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County 17  
(c) City or town ST. LOUIS 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4911 ST. LOUIS AVE  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wilhelmina Kaltenbach  
3. (b) If veteran, name war Nil  
3. (c) Social Security No. Nil

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 10  
year 1942 hour 11 minute 30 P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Karl Kaltenbach  
6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased April 20 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 3  
1942 to Nov 10, 1942;  
that I last saw her alive on Nov 3, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 6 Days 20  
If less than one day hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Myocarditis  
Duration make no say.  
Due to 93d

9. Birthplace ELBERFELD GERMANY  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Other conditions Fractured neck right femur last  
(Include pregnancy within 3 months of death) may.

11. Industry or business \_\_\_\_\_  
12. Name HENRY Stuckemann  
13. Birthplace ELBERFELD GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name Wilhelmina BLOSEN  
15. Birthplace ELBERFELD GERMANY  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant MARTHA EBEL  
(b) Address 4911 ST. LOUIS AVE.  
17. (a) BURIAL (b) Date thereof 11-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence Fractured (right) neck of femur  
(c) Where did injury occur? Home 4911 St. Louis Ave.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

(c) Place: burial or cremation Friedens  
18. (a) Signature of funeral director Quedweg  
(b) Address 3934 W. 20th St.  
19. (a) NOV 12 1942 (b) P. J. McLaughlin  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury Fall  
23. Signature Peter Neck (M. D. or other)  
Address 4701 St. Louis Ave Date signed 11-11-42

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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.....

*Alfred J. Bodiker*

Licensed Embalmer No. *2663*

P. O. Address.....

*5934 Alpha*

**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.**