

FILED FEB 1 1944
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Elizabeth Kahle

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Anton Kahle

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March 29, 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>9</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Chas. Nester

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

14. Maiden name Lambert

15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Anton Kahle

(b) Address 2359a S. 10th St.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Jan. 24, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation New. SS. Peter and Paul

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand St.

19. (a) JAN 21 1944 (Date received local registrar)

(b) J. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 9 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2359a S. 10th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1944 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 30-43
_____, 19____, to Jan 20, 1944
that I last saw her alive on Jan 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis
Duration 2 yrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy no

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 J. Bredek (M. D. or other) _____

Address 1001 S. Grand St. Date signed 1/21/44

W. H. Haver
W. Clark Bellamy
3 P.M.

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 Wm. C. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.