

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **12974**

FILED MAY 2 1944
 Registration District No. **2348**

Primary Registration District No. **1003**

Registrar's No. **3754**

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution.....
St. Anthony 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..... **William A. Kahle.**
 3. (b) If veteran, name war.....
 3. (c) Social Security No. **492-07-4744**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married.**
 6. (b) Name of husband or wife..... **Mayme Kahle.**
 6. (c) Age of husband or wife if alive **56** years
 7. Birth date of deceased..... **November 19th, 1884.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 **5** **3**
hr. min.

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

10. Usual occupation..... **Shoe Worker.**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Charles Kahle.**
 13. Birthplace..... **Saint Louis, Missouri.**
(City, town, or county) (State or foreign country)
 14. Maiden name..... **Unknown**
 15. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mayme Kahle**
 (b) Address..... **6046 Carlsbad Ave.**

17. (a) **Burial** (b) Date thereof..... **April 25, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Old S.S. Peter & Paul.**

18. (a) Signature of funeral director..... **Riegenheim Bros.**
6409 Gravois Ave.
 (b) Address.....

19. (a) **APR 23 1944** (b) **J. F. Predeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... **Missouri.** (b) County.....
 (c) City or town..... **Saint Louis,**
(If outside city or town limits, write "RURAL")
6046 Carlsbad Ave.
(If rural, give location)
 (d) Street No.....
 (e) Citizen of foreign country?.....
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **22nd,**
 year **1944.** hour **6** minute **45 A. M.**

21. I hereby certify that I attended the deceased from **April 4** 1944 to **April 22** 1944
 that I last saw him alive on **April 22** 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **acute dilatation of stomach**
pylorus obstruction
 Due to.....
Carcinoma of stomach
 Other conditions.....
(include pregnancy within 3 months of death)

Major findings: Of operations..... **or above**
 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?.....

While at work?.....
(Specify type of place) (e) Means of injury.....
 23. Signature..... **J. F. Predeck** (M. D. or other).....
 Address..... **3606 Yrwood Ave** Date signed..... **4-22-44**

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

John A. Harris

Registered Apprentice No. *363*

working under my personal supervision.

Signed

Howard G. Rowland

Licensed Embalmer No. *3114*

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.