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 DEC 28 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39350

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 10971

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Memorial Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day; (Specify whether
In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL") 716
(d) Street No. 3143 Pestalozzi (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Infant Kaltenbrann
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased Nov (Month) 26 (Day) 1945 (Year)
8. AGE: Years — Months — Days — If less than one day 1 hr. min.
9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
12. FATHER Name Marcus Kaltenbrann
13. FATHER Birthplace New Baden, Ill (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Hildegarde Dobs
15. MOTHER Birthplace Duesseldorf Germany (City, town, or county) (State or foreign country)
16. (a) Informant Marcus Kaltenbrann
(b) Address 3143 Pestalozzi St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter + Paul Cem
18. (a) Signature of funeral director Thomas Kutis + Son
(b) Address 2906 Gravois
19. (a) [illegible] (Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 26 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from Nov 26 45, 1945, to Nov 26 45, 1945; that I last saw h~~im~~ alive on Nov 26 45, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Premature at 6½ mos — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 Joyce B Lane M D (M. D. or other)
Address 7062 Walton Date signed 12/13/45

(Licensed Embalmer's Statement on Reverse Side)

Mail to Morris Vanderbilt
Vital Statistics,
Room #10 Murney Cor to Bldg
St Louis, Mo.

Attention:
Mr. Wm Johnson

10971

10971

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.....

Licensed Embalmer No.....

P. O. Address.....

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.