

S. No. 2
 FORM-5-43
 Rev. 5-17-39
 X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **14878**
 Registrar's No. **3248**

FILED APR 18 1946
 318

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County **St. Louis, Missouri**
 (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: **DePaul Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2011 E Linton**
(if rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Rev. Francis H Kehlenbrink**
 3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **4 17 1886**
(Month) (Day) (Year)

8. AGE: Years **59** Months **11** Days **20** If less than one day
 hr. _____ min. _____

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

10. Usual occupation **Catholic Priest**

11. Industry or business _____

MOTHER FATHER
 12. Name **Henry Kehlenbrink**
 13. Birthplace **Germany** (City, town, or county) (State or foreign country)
 14. Maiden name **Anna Kruse**
 15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Henry Kehlenbrink**
 (b) Address **7832 N. Broadway**

17. (a) **Burial** (b) Date thereof **April 10 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Edward Koch**
 (b) Address **3516 W 14th St**

19. (a) **Apr 8 1946** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **7th**
 year **1946** hour **12** minute **30 P. M.**
 21. I hereby certify that I attended the deceased from **April 7** 19**46**
 to **April 7** 19**46**
 that I last saw _____ alive on **April 7** 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Endocarditis**
Septicemia
 Due to **Bronchial Pneumonia**
 Duration **1 1/2 hrs**
3 hrs
3 days

Due to _____

Other conditions (Include pregnancy within 3 months of death) **107**

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? _____

While at work _____ (Specify type of place) _____ (Means of injury)
 23. Signature **J. F. Bredeck** (M. D. or other) _____
 Address **1875 3rd St** Date signed **4/8/46**

MAY 20 1946

MAY 21 1946

SEP 22 1947

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.....

John Ketter

Licensed Embalmer No. 3880

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.