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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6565

Registration District No. 318 Primary Registration District No. Registrar's No. 1109

1005

1. PLACE OF DEATH:

(a) County St Louis, Mo.

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

(c) Name of hospital or institution: City Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 1 week (Specify whether years, months or days) In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis

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

(d) Street No. 3941 Maffitt (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles F. Kastenhuber

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Susan

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July 3 1885 (Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation barber

11. Industry or business retired

FATHER 12. Name Gotlieb Kastenhuber

13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Susan Pickel

15. Birthplace don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. Kastenhuber

(b) Address 3941 Maffitt

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Joseph A. Howard

(b) Address 1619 So. Grand

19. (a) FEB 3 1948 (Date received local registrar) (b) J. F. Brenneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1948 hour 7 minute 6 M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage Duration

from my lungs Lower r Junction lung Brought upon deceased falling Second floor window of his home 3941 Maffitt

Doctor on Jan 22nd 1948 at 9 o'clock

Other conditions (Include pregnancy within 3 months of death) NO

Major findings: Of operations NO

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 Jan 22 1948

(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 Patrick E. Taylor Dep Cor (Coroner)

Address 1300 Clark Date signed 2-23-48

(Licensed Embalmer's Statement on Reverse Side)

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 Jos A Howard

Licensed Embalmer No. 4139

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.