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FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9796

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 115

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington RURAL St. Francois
c. LENGTH OF STAY (In this place): 5Y;11M;13Das
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay
d. STREET ADDRESS (If rural, give location): 712 Military Road

4870
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3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): ROBERT
c. (Last): KAHLERT

4. DATE OF DEATH (Month) (Day) (Year): March 24, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 23, 1893
9. AGE (In years last birthday): 58 — If under 1 year: Months 0, Days 1; If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Kahlert
13b. MOTHER'S MAIDEN NAME: Magdalena Lueckemeyer
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-26-3855
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Records, State Hospital No.4, Farmington, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus - - - - - - - - - - - - — INTERVAL BETWEEN ONSET AND DEATH: instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular fibrillation — Abt. 1 Yr.
DUE TO (c) Arteriosclerotic Heart Disease — Unknown.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Dementia Praecox Psychosis - - - - - — Abt. 40 Yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 21, 1951, *to* March 24, 1951, *that I last saw the deceased alive on* March 24, 1951, *and that death occurred at* 10:15Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A. Brennan M.D.
23b. ADDRESS: State Hospital No.4, Farmington, Mo.
23c. DATE SIGNED: 3-26-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 27, 1951
24c. NAME OF CEMETERY OR CREMATORY: SS. Peter and Paul
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: Mar. 26, 1951
REGISTRAR'S SIGNATURE: Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Fendler Funeral Home, Lemay, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 9 1951
DISTRICT HEALTH OFFICE No. 4
File No.

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 _____

working under my personal supervision.

Student Embalmer No. .....

Signed V E Mamo

Signed.....
Student Embalmer

Licensed Embalmer No. 3360

P. O. Address Gerpey 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.