

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10271  
2323

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2059			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				d. STREET ADDRESS (If rural, give location) 5019 Raymond Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) AUGUST			b. (Middle) W.		c. (Last) KAHLE		4. DATE OF DEATH (Month) (Day) (Year) Mar. 9 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 6, 1876		9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ck. City of St.L.			10b. KIND OF BUSINESS OR INDUSTRY Supply Commissioner		11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Henry Kahle			13b. MOTHER'S MAIDEN NAME Sophie Katker			14. NAME OF HUSBAND OR WIFE Elizabeth S. Kahle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Kahle 5019 Raymond Ave.				
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) <u>Carcinoma Prostate</u>  ANTECEDENT CAUSES <u>with metastatic Bone involvement</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 1950		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Prostate</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 177X					
22. I hereby certify that I attended the deceased from <u>March 2, 1951</u> , to <u>March 9, 1951</u> , that I last saw the deceased alive on <u>March 7, 1951</u> , and that death occurred at <u>11:50 P.M.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. B. Lantieri</u> (Degree or title)				23b. ADDRESS <u>3720 Kingshighway</u>		23c. DATE SIGNED <u>3-10-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 13, 1951		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL MAR 12 1951		REGISTRAR'S SIGNATURE <u>J. B. Lantieri</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S.Kingshighway Bl				

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

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed..... *Richard W. Stovessand* .....

Licensed Embalmer No. .... *4007* .....

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.**