0.300
0.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 12 1956

State File No. 42893

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 2991

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jennings
c. LENGTH OF STAY (in this place) 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) [redacted] Reineke Ct.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Jennings 4148
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS 55 [redacted] (If rural, give location) Reineke Ct.

3. NAME OF DECEASED (Type or Print)
a. (First) Albert b. (Middle) J. c. (Last) Kehler

4. DATE OF DEATH (Month) (Day) (Year) 12 - 20 - 55

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3-27-1875
9. AGE (In years last birthday) 80 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brother
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Illinois
12. CITIZEN OF WHAT COUNTRY? yes

13a. FATHER'S NAME Joseph Kehler
13b. MOTHER'S MAIDEN NAME Ann Voght
14. NAME OF HUSBAND OR WIFE Lottie Kehler

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. 490-22-4235a
17. INFORMANT'S SIGNATURE OR NAME Lottie Kehler **ADDRESS** 5528 Reineke Ct

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) CARCINOMA OF ESOPHAGUS — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 150 X
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* 10-1-1956 *to* 12-20-1955, *that I last saw the deceased alive on* 12-20-1955, *and that death occurred at* 7:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE E. E. Farley (Degree or title) D.O.
23b. ADDRESS 6653 Lillian St. Louis Mo
23c. DATE SIGNED 12-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-23-55
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE REC'D BY LOCAL REG. 12-22-55
REGISTRAR'S SIGNATURE Kirkwood R. Donke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE JOHN STYGAR and SON FUNERAL HOME **ADDRESS** 5541 Riverview Bl.

(Licensed Embalmer) (Statements on Reverse Side)

Dr. Fadley

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....J. M. Prister.....

Licensed Embalmer No. 398

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.