

FILED JUL 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26840

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 1545

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson</u> | c. LENGTH OF STAY (In this place) <u>21 months</u> | c. CITY OR TOWN <u>Normandy</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Halls Ferry Memorial Home</u> | | e. STREET ADDRESS (If rural, give location) <u>4535 Nadine Court</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u> | b. (Middle) <u>L.</u> | c. (Last) <u>Kaechelen</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1957</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Feb. 26, 1882</u> | 9. AGE (In years last birthday) <u>75 yrs</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>John Fornoff</u> | 13b. MOTHER'S MAIDEN NAME <u>Julia Sporn</u> | 14. NAME OF HUSBAND OR WIFE <u>Late Gustave F. Kaechelen</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dorothy Reinhart, 4535 Nadine Ct., 21</u> |
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| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-vascular disease</u> | | <u>unknown</u> |
| | 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis & Parkinson's disease</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>443X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from Aug 31, 1955, to June 17, 1957, that I last saw the deceased alive on 6-10, 1957, and that death occurred at 2 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Lewis Littmann MD</u> | 23b. ADDRESS <u>8231 Clayton Rd (17)</u> | 23c. DATE SIGNED <u>6-17-57</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | 24b. DATE <u>June 19, 1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>6-17-57</u> | REGISTRAR'S SIGNATURE <u>Herbert B. Dombek</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CALVIN F. FEUTZ FUNERAL HOME, INC 4828 NATURAL BRIDGE BOULEVARD 15</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *John A. M...*
Licensed Embalmer No. *4186*

P. O. Address *St. Louis 9*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.