

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

27566

Do not use this space.

7580

1. PLACE OF DEATH

- (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Deaconess Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **15** yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? **15** yrs. - mos. - ds.

2. PRINT FULL NAME

- William Kelkenberg** **1125**
 (a) Residence, No. **4439 Athlone Ave.** St. **9**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 15th 1898**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 **1** **9**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Credit Manager**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Gibson Wdse. Co**
 10. Date deceased last worked at this occupation (month and year) **Dec. 1937** 11. Total time (years) spent in this occupation **6**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

FATHER 13. NAME **Fritz Kelkenberg**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

17. INFORMANT **Miss Ella Voss**
 (ADDRESS) **-4439 Athlone Ave.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Friedens** DATE **Aug. 27** 19**38**

19. FUNERAL DIRECTOR **Shedman & Sons**
 (ADDRESS) **3934 N. 230 St.**

20. FILED **AUG 25 1938** **J. F. Biedich** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 24, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 4**, 19**38**, to **August 24, 1938**

I last saw him alive on **Aug 24, 1938**. Death is said to have occurred on the date stated above, at **8:20 A.M.**

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset **1934**
Hypertensive (Heart Disease)

Other contributory causes of importance:
Chronic Interstitial Nephritis **1924**

Name of operation **Post Mortem** Date of **.....**
 What test confirmed diagnosis **Post Mortem** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify

(Signed) **A. R. Shuffler** M. D.
 (Address) **1025 N. 230 St. St. Louis, Mo.**

STATEMENT BY LICENSED EMBALMER

I, Geo. P. Schubert, Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

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.)