S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4504

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1334

1. PLACE OF DEATH: FILED MAR 12 1940

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6807 Hancock Avenue 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6807 Hancock Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 439 Blanche Kaltwasser

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward W. Kaltwasser

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March 19, 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 18 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business housewife

FATHER
12. Name Charles Mesnier
13. Birthplace France
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Maritz
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Edward W. Kaltwasser
(b) Address 6807 Hancock, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/40
(Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) FEB 9 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1940 hour 10 minute 45 P M.

21. I hereby certify that I attended the deceased from 1937
, 19 , to Feb 7, 1940
that I last saw her alive on Feb. 7, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis, general Coronary Occlusion	Unknown 7 days
Due to: Metastatic Carcinoma	
Due to: — origin left breast	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: Carcinoma left breast Operated 1933	
Of autopsy: None	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) (M.D.)
Address 607 N Grand Date signed 2-9-40

(Licensed Embalmer's Statement on Reverse Side) St Louis Mo

607 N. Grand

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Louis C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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

If this body is not embalmed, above space should be left blank.