

AND FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(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: 3342 Pennsylvania
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 29 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... HERMAN KALTHOFF

3. (b) If veteran, name war.....
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Caroline Ludwig 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased February 19 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 2 hr. min.

9. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Kalthoff
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Ella Bosmann
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Philip Goetter
(b) Address 3342 Pennsylvania

17. (a) Burial (b) Date thereof 1/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home
(b) Address 1936 St. Louis Avenue

19. (a) JAN 23 1941 (b) J. J. Bredich
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town..... St. Louis 247
(If outside city or town limits, write "RURAL")
(d) Street No. 3342 Pennsylvania 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 55 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1941 hour 9 minute 05 P. M.

21. I hereby certify that I attended the deceased from Aug 27 to Jan 20, 1941;
that I last saw him alive on Jan 20, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial Infarction

Due to obvious interstitial pneumonia
Due to 131
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations i
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) ✓
(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 J. J. Bredich (M. D. another) ✓
Address 2901 Chesnut St. Date signed 1-22-41

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

Dr. C. W. Becker

2901 Chamber

10-11
3-4
7-8

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

Harold K. Braun

Registered Apprentice No.

257

working under my personal supervision.

Signed

Felix J. Krupin

Licensed Embalmer No.

3497

P. O. Address

1936 St Louis

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.