

No. 2
1-5-43
5-17-39
I X36671

FILED AUG 7 2 1946

Registration District No. 3772 1946 Primary Registration District No. 8670

Registrar's No. 1646

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
103 Tulip Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 32 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL") 7
(d) Street No. 103 Tulip Drive 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN H. KALTHOFF

3. (b) If veteran, name war World War I 3. (c) Social Security No. 493-09-8378

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elenora nee Kappelmann 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased December 27, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 7 7 - hr. - min.

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

10. Usual occupation Accountant

11. Industry or business City Ice & Fuel Co.

12. Name Herman Kalthoff
13. Birthplace Hanover Germany
14. Maiden name Caroline Ludwig
15. Birthplace Berlin Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elenora Kalthoff
(b) Address 103 Tulip Drive, Webster Groves
17. (a) Burial (b) Date thereof 8-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Ave.
19. (a) 8-8-46 (b) C. W. Sarach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1946 hour 11 minute 40 P. M.
21. I hereby certify that I attended the deceased from July 4 to August 3, 1946
that I last saw him alive on August 3, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Coronary Occlusion Duration _____

Due to _____ 940
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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?
While at work? _____ (Specify type of place) (e) Means of injury U
23. Signature Nellie S. Shaw (M. D. or other) _____
Address Lindell Trust Bldg Date signed 8-5-46

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

MOTHER FATHER

Dr. Kelly Schaver
2739 N. Grand
2 to 6 P.M.

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.....

Delit 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.