

No. 2
 FORM-5-43
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED JUN 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18445**

Registration District No. **297**

Primary Registration District No. **3057**

Registrar's No. **57**

1. PLACE OF DEATH:
 (a) County **Ray**
 (b) City or town **Richmond**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
716 North Main St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Ray**
 (c) City or town **Richmond**
(If outside city or town limits, write "RURAL")
 (d) Street No. **716 North Main St.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Charles Kalberloh**
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**
 4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **Deceased**
 7. Birth date of deceased **April 11 1861**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **21**
 year **1947** hour **12** minute **50.A.** M.
 21. I hereby certify that I attended the deceased from **May 14 1947**
 to **May 21, 1947** 19.....
 that I last saw him alive on **May 21 1947**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	86	1	10	hr. _____ min. _____

Immediate cause of death.....
Cerebral Hemorrhage
 Due to **Arterio sclerosis**

9. Birthplace **Essen** **Germany**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Coal Mining**

Due to.....
 Other conditions (Include pregnancy within 3 months of death).....
637

MOTHER FATHER
 11. Industry or business.....
 12. Name **Carl Kalberloh**
 13. Birthplace **Unknown** **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown** **Germany**
(City, town, or county) (State or foreign country)
 15. Birthplace **Unknown** **Germany**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Gene Rethurst**
 (b) Address **Richmond, Mo.**
 17. (a) **Burial** (b) Date thereof **May 23, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **City Cemetery**

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?
 While at work?.....
(Specify type of place)
 (e) Means of injury.....

18. (a) Signature of funeral director.....
 (b) Address **Richmond, Mo.**
 19. (a) **May 29-1947** (b) **Malcolm Jackson**
(Data received local registrar) (Registrar's signature)

23. Signature **E. B. Jay** (M. D. or other) **M. D.**
 Address **Gay Bldg., Richmond, Mo.** Date signed **5/23/47**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-5-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~###~~.....

....., Registered Apprentice No.,
working under my personal supervision.

Signed

Licensed Embalmer No. 2073

P. O. Address. Richmond, Mo.

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.