MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3586

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1002 Registered No. 173

City St Louis (No. 1347 Euclid Ave ..... St. ..... Ward)

2. FULL NAME Adelaid Kalkman

(a) Residence. No. 1347 Euclid St. Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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~~: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 26 = 1859

7. AGE: Years 69 | Months 2 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Professional Singler
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

PARENTS

10. NAME OF FATHER: Bernard J. Kalkman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Elizabeth Nieman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Adalaine Kalkman
(Address) 1347 Euclid Ave

15. FILED ..... 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-2-1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15th, 1928, to Jan. 2, 1929, that I last saw her alive on Jan. 2, 1929, and that death occurred, on the date stated above, at 10:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia
59
131
132B
(duration) ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY): Chronic ① Nephritis ② Diabetes
Mellitus (duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Blood Chem & Physical Exam
(Signed) David B. Flavan M.D.
, 19 (Address) 525 Frisco Bldg. St. Louis Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery | DATE OF BURIAL: Jan 5 1929

20. UNDERTAKER: Chas. L. Guaghty | ADDRESS: 4822 Easton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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