

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

Do not use this space.

39209

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 107  
City St. Louis (No. City, 1 Hospital)

File No. ....  
Registered No. 11386  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 5054 Arlington 6 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yr 11 mos. 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) divorced  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Kalt  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 - 1905  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
26 9 16

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
10. Date deceased last worked at this occupation (month and year) 131  
11. Total time (years) spent in this occupation 82

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER FATHER  
13. NAME Edward Menefee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Ester Lindall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL Memorial Park DATE Nov. 13 1931

19. UNDERTAKER (ADDRESS) Shepard Funeral Home

20. FILED 7 12 1931 Registrar.

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10th 1931

22. I HEREBY CERTIFY That I attended deceased from Oct 31st 1931 to Nov 10th 1931  
I last saw her alive on Nov 10th 1931 Death is said to have occurred on the date stated above, at 12:40 AM

The principal cause of death and related causes of importance were as follows:

Post Embolism to brain  
Chronic Interstitial nephritis  
Operation for Retroversion of uterus  
Other contributory causes of importance:  
Post operative shock far below normal operation

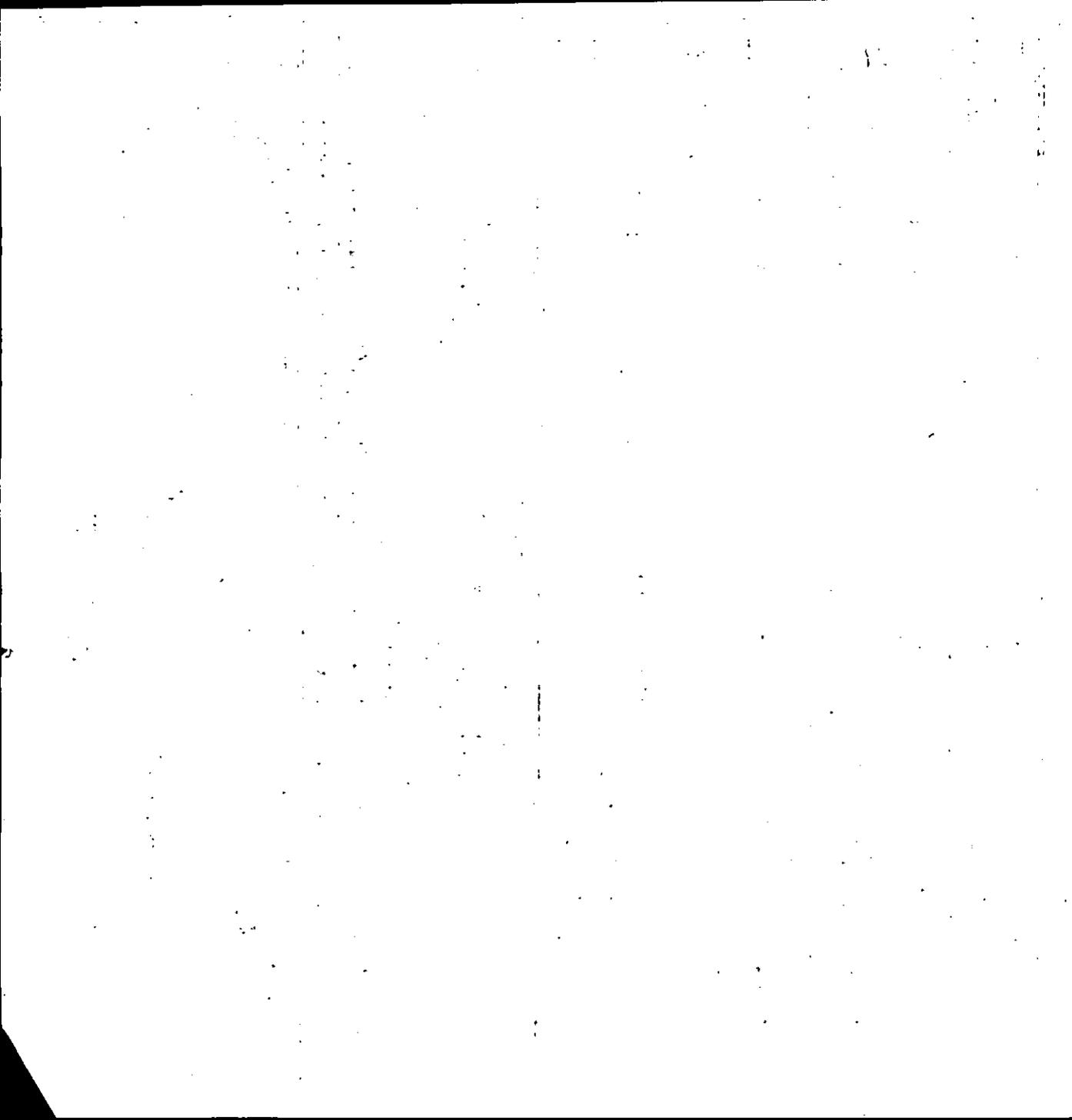
Name of operation Perineorrhaphy Date of 10/17/31  
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) J. J. Reichman, M. D.  
(Address) J. J. Reichman Hospital



led by check marks lacking from the death certificate:

11306

Name: Celeste Kall

Died at: St. Louis, Mo. on Nov. 10, 1931

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Place of birth (State or country) \_\_\_\_\_

Place of father (State or country) \_\_\_\_\_

Place of mother (State or country) \_\_\_\_\_

Cause of Death: Fat Embolism to Brain

Chronic Interstitial Nephritis  
operation for Retroversion of uterus  
Contributory: perineography, hysterectomy & appendectomy  
Postoperative shock for ~~low~~ vaginal  
operation

Where was disease contracted? No recent childbirth - Birth 6 yrs before.

Did operation precede death? Yes Date of Nov 4/1931

Was there an autopsy? No What test confirmed diagnosis? Clu

Name of physician: J. Reichman

Address of physician: City Hosp

Information is sought for statistical purposes. Please print name and address of physician.

10/10

S-39209