

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

29251
Do not use this space.

SEP 10 1937

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City **St. Louis, Mo.**
 (d) Street No. **4552 Aldine Avenue**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. **2** mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. **791**
 Primary Registration District No. **1003**

Registered No. **7884**

2. PRINT FULL NAME Joan Kallash

(a) Residence, No. **4552 Aldine Avenue** St. **17**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 15th, 1933**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	4	4	6	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Charles, Missouri**

13. NAME **Clem Kallash**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Troy, Missouri**

15. MAIDEN NAME **Alma Mudd**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Millwood, Missouri**

17. INFORMANT (ADDRESS) **Clem Kallash Troy, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Troy, Mo.** DATE **August 23rd 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Albert H. Hoppe Inc., 429 N. Euclid Avenue**

20. FILE **AUG 22 1937** **Bredick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 21st 1937**

22. I HEREBY CERTIFY, That I attended deceased from **July 7, 1937** to **Aug 21, 1937**
 I last saw him alive on **Aug 20, 1937** Death is said to have occurred on the date stated above, at **7:15 a.m.**
 The principal cause of death and related causes of importance were as follows:

*Chronic Endocarditis
 Rhenmatism
 Anemia*

Date of onset **July 1937**
June 1937

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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) **John Zehorsky**, M. D.
 (Address) **536 N. Taylor**

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.

STATEMENT BY LICENSED EMBALMER

I, Albert H. Hoppe

Licensed Embalmer No. 1861

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me. Albert H. Hoppe

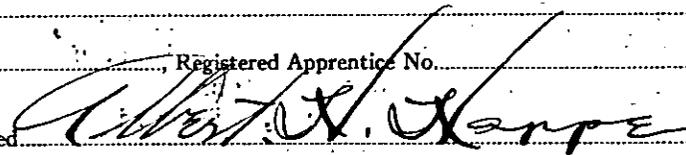
L. E.

No. 1861 or by

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 1861

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.)