

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D APR 11 1938

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

9414  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **781**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis,** (d) Street No. **Home for the Aged** St. **16**  
(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. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. **3003**

2. PRINT FULL NAME

**Amanda Kaelin 450**  
(a) Residence, No. **3400 So. Grand Blvd.** St. **16**  
(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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charles Kaelin.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 27, 1860.**

7. AGE YEARS **77** MONTHS **10** DAYS **1** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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. Louis, Mo.**

FATHER 13. NAME **Anton Good.**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland.**

MOTHER 15. MAIDEN NAME **Marie Nadig**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland.**

17. INFORMANT **Edward Kaelin**  
(ADDRESS) **2207 Gravois Ave.**

18. BURIAL, CREMATION, OR REMOVAL **S. Peter and Paul Cem DATE Mar/31, 1938**

19. FUNERAL DIRECTOR **J. H. Gibbons & Co.**  
(ADDRESS) **2842 Meramec St.**

20. F. **MAR 30 1938** **J. B. Bradley**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 28 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 1, 1938, to March 28, 1938**

I last saw her alive on **March 26, 1938** Death is said to have occurred on the date stated above, at **4:45 P. m.**

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

**Ch. Glomerulo Nephritis** Date of onset **1937**  
**Cardio-Vascular Disease**

Other contributory causes of importance: **Broncho-Pneumonia 1937**

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) **[Signature]**, M. D.  
(Address) **Union Club Bldg**

**STATEMENT BY LICENSED EMBALMER**

I, Herman A. Gebken, Licensed Embalmer No. 2120  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed Herman A. Gebken  
Licensed Embalmer No. 2120

**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.)**