

REC'D AUG 12 1938

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

23274

Do not use this space.

5968

1. PLACE OF DEATH

(a) County ST LOUIS Registration District No. 791
 (b) Township ST LOUIS Primary Registration District No. 1003 Registered No. 5968
 (c) City ST LOUIS (d) Street No. 6576 SMILEY St. U 57
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JOHANNA KALEM
 (a) Residence, No. 6576 SMILEY St. 3 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF THOS. KALEM 1869

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1899

7. AGE YEAR 39 MONTHS 2 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWORK
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWORK
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND 5/12

13. NAME LAWRENCE ENGLISH 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND 5

15. MAIDEN NAME BRIDGET CORMODY

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

17. INFORMANT (NAME) Rev. J. F. English
 (ADDRESS) 6576 Smiley Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE JULY 5 1938

19. FUNERAL DIRECTOR (NAME) LAWRENCE MULLEN
 (ADDRESS) 5165 DELMAR BLVD.

20. FILED JUL 3 1938 J. D. Rudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1938

22. I HEREBY CERTIFY that I attended deceased from March 24 1938 to July 2 1938

I last saw her alive on June 30 1938 Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Chronic Myocarditis 3/1/38

Other contributory causes of importance:

Chronic Interstitial Nephritis 3/1/38

Name of operation Thyroidectomy Date of 7/1/38
 What test confirmed diagnosis? Thyroidectomy Was there an autopsy? no

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? no
 If so, specify _____

(Signed) J. P. Emerald M. D.
 (Address) 6200 Colesburg Ave

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Howard F. Rowland

or by

Registered Apprentice No., working under my personal supervision.

Signed *Howard F. Rowland*

Licensed Embalmer No. *3114*

P. O. Address

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, above space should be left blank.