

REC'D SEP 28 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH29729
Do not use this space.

1. PLACE OF DEATH

(a) County Chelms Registration District No. 678
 (b) Township Dillon Primary Registration District No. 5902 Registered No.
 (c) City (d) Street No. St.
 (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 Selma M. Kalina 43

(a) Residence, No. St. (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) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John G. Kalina

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-21-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
87 11 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife

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) 1-1-1915 11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

13. NAME Earnest Hoffmann 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

15. MAIDEN NAME Ernestina Metzner

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

17. INFORMANT (ADDRESS) Augusta Tolovch
Ralla one

18. BURIAL, CREMATION, OR REMOVAL PLACE Walat Grove DATE 8-10 1938

19. FUNERAL DIRECTOR (ADDRESS) H. H. Schickler
St James mo

20. FILED 9-1- 1938 Elsie B. Houk
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-8 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1938, to Aug 8 1938

I last saw him alive on Aug 7 1938 Death is said to have occurred on the date stated above, at 4:30 p. m.

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

Cerebral Hemorrhage Date of onset 6-1-38

Other contributory causes of importance:

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

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? h

If so, specify

(Signed) William H. Bremer M. D.

St James, Mo (Address) 611

STATEMENT BY LICENSED EMBALMER

I, Croll E Licklider....., Licensed Embalmer No. 3546

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Croll E Licklider

Licensed Embalmer No. 3546

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.)