

791 STANDARD CERTIFICATE OF DEATH

State File No. 3145
 Registrar's No.

FILED APR 17 1942

Primary Registration District No. 1003

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3327a Humphrey
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3327a Humphrey
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Louisa Kalert
 3. (b) If veteran, name war _____ 3. (c) Social Security No. none
 4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Fred Kalert 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 7, 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 6
 year 1942 hour 6 minute 50 P. M.
 21. I hereby certify that I attended the deceased from April 2 - April 6
Apr 2 1942, to April 6 1942
 that I last saw her alive on April 6 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>0</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death Chronic myeloid
 Duration _____
 Due to 93d
 Due to 95c
 Other conditions none
(Include pregnancy within 3 months of death)

9. Birthplace Kimmswick Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation At home
 11. Industry or business _____
 MOTHER FATHER { 12. Name Brenn
 13. Birthplace Kimmswick Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: None
 Of operations _____
 Of autopsy none performed
 Underline the cause to which death should be charged statistically.

16. (a) Informant Warren Von Der Ahe
 (b) Address 3327a Humphrey
 17. (a) burial (b) Date thereof 4/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Matthews Cem.
 18. (a) Signature of funeral director John J. Ziegenhain & Sons
 (b) Address 7027 Gravois
 19. (a) APR 8 1942 J. F. Budeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Wm. R. Nye (M. D. or other)
 Address 2931 Scripps av Date signed 4/7/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address.....

7027 Gravois

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, fact should be so stated above.