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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4346

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 84

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facilit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. 12/29/43. (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 11
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2732 Russell Avenue.
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME William J. Kalt

3. (b) If veteran, name war SPANISH-AMERICAN 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of wife Minnie 6. (c) Age of wife if alive 59 years

7. Birth date of deceased January (Month) 20, (Day) 1874 (Year)

8. AGE: Years 69 Months 11 Days 19 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Painter.

11. Industry or business -

FATHER
12. Name Wm. J. Kalt
13. Birthplace unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Helen Kalt
15. Birthplace unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12 44 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois ave.

19. (a) JAN 13 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th, year 1944 hour 11:00 minute P.M.

21. I hereby certify that I attended the deceased from December 29, 1943, to January 9, 1944 that I last saw him alive on January 9, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary arteriosclerotic heart disease with myocardial damage,	
Due to myocardial insufficiency and anginal syndrome.	Unknown
Due to -	
Other conditions None. (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation.
Of autopsy No autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work Means of injury

23. Signature L. M. COCHRAN, M.D. (M. D. or other)
Address Chief Medical Officer Date signed 1/10/44

(Licensed Embalmer's Statement on Reverse Side)

MAR 16 1948

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. David Van Fossan.

Licensed Embalmer No. 4242.

P. O. Address 2906 Garrison

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.