

Registration District No. **3064** Registrar's No. **2643**

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

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town St. Louis Ferguson  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Elms Conv. Home 2520 McLaran Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Years  
(Specify whether years, months or days)  
 In this community 4

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2816a N. Florissant  
(If rural, give location)  
 (e) Citizen of foreign country? No 1 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Millie Kalz  
 3. (b) If veteran, name war None 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 Charles Kalz 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Jan. 10, 1872  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <u>72</u> | <u>11</u> | <u>21</u> | hr. _____ min.       |

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
 12. Name Herman Bowers  
 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant William Kalz  
 (b) Address 8722 Emily Str, Jennings  
 17. (a) Burial (b) Date thereof 1/4/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery  
 18. (a) Signature of funeral director [Signature]  
 (b) Address 2117 E. Grand Blvd.  
 19. (a) JAN 5 1945 (b) E. S. Mohrman M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 1  
 year 1945 hour 12 minute 30 A.M.  
 21. I hereby certify that I attended the deceased from 12/31/44  
 \_\_\_\_\_, 19\_\_\_\_, to 1/1/45, 19\_\_\_\_;  
 that I last saw him alive on 1/1/45, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis  
 Duration 1 yr.

Due to \_\_\_\_\_  
 Due to 93d  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of 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) \_\_\_\_\_  
 (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 \_\_\_\_\_  
 Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address 6807 N. Florissant Date signed 1/1/45

**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

*Frank A. Moore*

Licensed Embalmer No.

3041

P. O. Address

2117 E. Blvd.

**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.**