U. S. No. 2
10M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7382

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2625

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks (Specify whether years, months or days)
In this community

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. 2249 A McNair Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Kaelin
3. (b) If veteran, name war No
3. (c) Social Security No. ------
4. Sex Female
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Charles Kaelin
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased Unknown (Month) About (Day) 1860 (Year)

8. AGE: Years About 85 Months Unknown Days If less than one day hr. min.

9. Birthplace Switzerland (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Joseph Morio
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
14. Maiden name Marie Kaelin
15. Birthplace Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant Joseph Kaelin
(b) Address 2249 A McNair Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/24/45 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul
18. (a) Signature of funeral director Wm. G. Mogdell
(b) Address 1926 Allen Ave.
19. (a) MAR 22 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 22 day year 1945 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.
Immediate cause of death Fractured right femur
Due to Arteriosclerosis, suffered fracture of femur in left side of body while at 2249 A McNair Ave on March 6 1945 at 1:00 P.M.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Operation

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? Home (Specify type of place)
While at work? (e) Means of injury
23. Signature Alfred Harris (M. D. or other)
Address Deputy Coroner Date signed 3/23/45

(Licensed Embalmer's Statement on Reverse Side)

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 not.

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jas. C. Mondell

Licensed Embalmer No. 1467

P. O. Address 1926 allen

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.