

No. 2
 M-5-43
 7. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1945
 Registration District No. **318**

State File No. **39347**
 Registrar's No. **10902**
 Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Memorial Pacific Hosp. St. Louis, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 DAYS
(Specify whether)
 In this community 9 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4427 S. 38th St.
(If rural, give location)
 (e) Citizen of foreign country? ? (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Henry Joseph Kalert
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife KATHERINE 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased FEB 14 1885
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 14
 year 1945 hour 2 minute 35 a.m.
 21. I hereby certify that I attended the deceased from December 5, 1945 to December 14, 1945
 that I last saw him alive on December 13, 1945
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>10</u>	<u>0</u>	hr. _____ min. _____

Immediate cause of death	Duration
<u>Chronic Myocarditis</u>	<u>3 yrs.</u>
<u>Hypertensive Heart Disease</u>	<u>4-5 yrs.</u>
Other conditions <u>Cerebral Hemorrhage of Cause</u>	<u>1 month?</u>

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)
 10. Usual occupation RET RAILWAY CLERK

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name JOHN KALERT
 13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
 14. Maiden name MARGARETH BOUSSER
 15. Birthplace FRANCE
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant KATHERINE KALERT
 (b) Address 4427 S. 38th
 17. (a) BURIAL (b) Date thereof 12-17-45
(Burial, cremation or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation SUNSET
 18. (a) Signature of funeral director SCHUMACHER UND CO
 (b) Address 3013 MERAMEC
 19. (a) DEC 14 1945 (b) J. F. Bielecki
(Date received local registrar) (Registrar's signature)

23. Signature Robert Flannery (M. D. or other) _____
 Address St. Louis, Mo. Date signed 12/14/45

JAN 16 1945

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address.....

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.