V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4785

FILED MAR 79 1946

Registration District No. 7 Primary Registration District No. 3008 Registrar's No. 91

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

3807

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7m 5d (Specify whether years, months or days) In this community 7m 5d

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 14
(c) City or town Lemay (If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location) 2 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Kalew
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Kalew
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May (Month) 19 (Day) 1888 (Year)

8. AGE: Years 58 Months 9 Days 5 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Frank Juby
13. Birthplace (City, town, or county) Bohemia (State or foreign country) 8
MOTHER 14. Maiden name DK
15. Birthplace (City, town, or county) DK (State or foreign country) 9
16. (a) Informant Record
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olive Cem.
18. (a) Signature of funeral director Leo Pitindler Jr.
(b) Address 7128 Michigan St Louis Mo.
19. (a) 2-25-1946 (Date received local registrar) (b) Jane Morrow Lafe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1946 hour 5 minute a M.
21. I hereby certify that I attended the deceased from 2-1-46, 19..., to 2-24-, 1946 that I last saw h alive on 2-23-46, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Myocarditis
Due to
Arteriosclerosis
Due to
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? (Specify type of place)
While at work? (e) Means of injury
Signature George V. Reers (M. D. or other)
Address Fulton Mo Date signed 2-24-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-8-46

MAR 25 1946

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 George J. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan

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.

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