

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED Aug 5 1946
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

25415

State File No. _____
Registrar's No. **6537**

Registration District No. _____ Primary Registration District No. _____

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:
113 Bates St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oac
 (c) City or town St. Louis 15 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 113 Bates St. 9
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Phillipine Kelting
 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 Lt. Henrick Kelting 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased 9 5 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>10</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name William Scheele
 13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Louise Gerwiner
 15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lt. Henrick Kelting
 (b) Address 113 Bates St.

17. (a) Burial (b) Date thereof 7 26 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) JUL 25 1946 (b) J. F. Budzak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 23
 year 1946 hour 11 minute _____ A. M.

21. I hereby certify that I attended the deceased from July 13, 1946, to July 19, 1946
 that I last saw her alive on July 19, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death myocardites
Benign
Secondary anemia
 Due to Malignant

Duration
3-5 yrs.

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

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

Major findings:
 Of operations _____
 Of autopsy _____

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 _____

23. Signature Joe G. Granel M.D. (M. D. or other)
 Address 552 18th Date signed 7/25/46
Joe A. Granel

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

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.....

..... James R. Dunn, Registered Apprentice No. 403,
working under my personal supervision.

Signed *Harry A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.