

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

43193  
State File No. ....  
Registrar's No. 12010

National Office of Vital Statistics

FILED JAN 9 1948 318

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

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

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..... 113 Bates St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... Henrich Kelting

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..... Widowed  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... June 2, 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 6 26 hr. min.

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

10. Usual occupation..... Lt. Police Department

11. Industry or business.....

12. Name..... Henry Kelting

13. Birthplace..... Germany  
(City, town, or county) (State or foreign country)

14. Maiden name..... Louise Fulcher

15. Birthplace..... Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs Sims

(b) Address..... 113 Bates St.

17. (a) Burial, cremation, or removal..... Burial (b) Date thereof..... 12-31-1947  
(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) Date received local registrar..... DEC 31 1947 (b) Registrar's signature.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... December day..... 28  
year..... 1947 hour..... 3 minute..... 45 A. M.

21. I hereby certify that I attended the deceased from..... 1946, 19....., to..... Dec 27, 1947  
that I last saw him alive on..... 12/27, 1947  
and that death occurred on the date and hour stated above.  
Duration

Immediate cause of death.....  
Generalized Carcinomatous  
of liver, chest & skull

Due to..... Ca. of sigmoid Colon

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

Major findings: Of operations..... Ca. of sigmoid Colon

Of autopsy.....

PHYSICIAN

Underline the cause of 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.....

23. Signature..... (M. D. or other)

Address..... Date signed.....

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

MOTHER FATHER

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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.....

*Felix J. Krupin*

Licensed Embalmer No.....

*3497*

P. O. Address.....

*2201 S. Grand*

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.