

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27414
Registrar's No. 32

FILED SEP 4 1948
Registration District No. 211

Primary Registration District No. 4456

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1
0

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

1. PLACE OF DEATH:

(a) County St. Louis Co.

(b) City or town Appleton City, MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ellis Hospital, Appleton City, MO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 hr. (Specify whether)

In this community 19 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Montrose Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 37mi N - E of Montrose 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME KATHERINE KAULMANS

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 16 July
1947 to 23 August, 1948
that I last saw her alive on 23rd August, 1948;
and that death occurred on the date and hour stated above.

4. Female 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 May 1877
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage 20 1/2 hours

8. AGE: Years Months Days If less than one day

71 3 16 hr. min.

Due to Benign Hypertension

9. Birthplace Germentown, MO (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

Other conditions Staphylococcus
Coronary heart disease
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Kenneth Kalmus

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

14. Maiden name Unknown

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

Major findings: —

Of operations: —

Of autopsy: —

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

16. (a) Informant Mr + Mrs Geo Engelhart

(b) Address Montrose, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26 48 (Month) (Day) (Year)

(c) Place: burial or cremation Montrose, MO

18. (a) Signature of funeral director Welling Biers

(b) Address Montrose, MO

19. (a) Aug 26 48 (Date received local registrar) (b) Miss Cleo Abney (Registrar's signature)

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 Dr. Maurice W. D. (M.D. or other) 1

Address Appleton City, MO Date signed 25 Aug 48

RECEIVED
District Health Officer No. 7,
District File Number 5-48-1004
Date Filed 9-3-48

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 _____

Jack W. Reese, Registered Apprentice No. 12

working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City Mo.

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.