

FILED AUG 23 1948

Registration District No. 212

Primary Registration District No. 1003

Registrar's No. 7092

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:  
**3519a So. Jefferson Ave. 1**  
(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)

3: (a) PRINT  
FULL NAME

**Harry Kallas**

3. (b) If veteran,  
name war..... **No**

3. (c) Social Security No.  
**None**

4. Sex **Male** 5. Color or  
race **White**

6. (a) Single, **Single**  
married, divorced **Married**

6. (b) Name of husband or wife  
**Carrie Kallas**

6. (c) Age of husband or wife if  
alive **58** years

7. Birth date of deceased **April 20 1888**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**60 3 21** hr. min.

9. Birthplace **Greece**  
(City, town, or county) (State or foreign country)

Usual occupation **Restaurant Owner**

Industry or business  
**Unknown**

12. Name **Unknown**

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

Maiden name **Unknown**

Birthplace **Greece**  
(City, town, or county) (State or foreign country)

Informant **Carrie Kallas Osborne**

Address **3519a So. Jefferson**

(a) **Burial** (b) Date thereof **8-13-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation **St. Matthews Cemetery**

Signature of funeral director **Albert H. Hoppe**

Address **4700 Washington Blvd.**

**AUG 12 1948** (b) **J. T. Gredek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **oao**  
(c) City or town **St. Louis** 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3519a So. Jefferson Ave. 9**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **11**  
year **1948** hour **12** minute **05** A. M.

21. I hereby certify that I attended the deceased from **June 16th,**  
**1948** to **August 11th,** **1948**;  
that I last saw him alive on **August 7th,** **1948**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cirrhosis of Liver** Duration **2 Mo.**

Due to.....

Due to.....

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

Major findings:  
Of operations **none**

Of autopsy **none**

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **H. H. Kallas** (M. D. brother)  
Address **3608 S. Grand Blvd.** Date signed **8/11/48**

Cert. by J. T. Gredek  
Aug 21, 1948

---

---

**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 W. W. Wilkins

- - Licensed Embalmer No. 3575

P. O. Address St Louis 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.**

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo.  
County of St. Louis } ss.

State File No. 2788-1  
Local Registrar's No. 70928

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27<sup>th</sup> day of October, 1948, before me appears Robert H. Happe, who, upon his oath, states that the original record of birth death for Harry Kallor died born Aug. 11, 1948, in the State of Missouri, and which was filed at St. Louis on Aug. 12, 1948, should be corrected as follows:

Item No. 6 a should read Single

Instead of married

Item No. 6 b should read Carrie Kallor

Instead of Carrie Osborne

Item No. 16 should read Carrie Kallor

Instead of Carrie Kallor

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Robert H. Happe Funeral Director  
Relationship.

4700 Washington St. St. Louis Mo  
Present Address.

Subscribed and sworn to before me this 27 day of Oct., 1948

My Commission expires 3-4-49 Edw. C. Pabben Notary Public.

S-27882