

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29030

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1895

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Ellisville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Eureka</u>	
c. LENGTH OF STAY (in this place) <u>1 yr</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Sunset Sanitarium</u>	
d. STREET ADDRESS (If rural, give location) <u>229 Grove Road</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 6 1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jeannette</u> b. (Middle) <u>Kaltwasser</u> c. (Last) <u></u>		5. SEX <u>female</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	
8. DATE OF BIRTH <u>MAY 8 1878</u>		9. AGE (In years last birthday) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (State or foreign country) <u>St Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Peter H Bird</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Flynn</u>	
14. NAME OF HUSBAND OR WIFE <u></u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Bauer</u> ADDRESS <u>2051 Park Ave</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS. <u>Paraplegia right side</u>	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u></u>		22. I hereby certify that I attended the deceased from <u>July 28, 1950</u> , to <u>Aug. 6, 1950</u> , that I last saw the deceased alive on <u>Aug 6</u> , 19 <u>50</u> , and that death occurred at <u>4:00 Pm.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Hollis Rhinberg</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>654 N. Kirkwood Rd., Kirkwood 22, Mo.</u>	
23c. DATE SIGNED <u>8/7/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>8/8/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Marcus Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenhein & Sons</u> ADDRESS <u>7027 Gravois</u>	
DATE REC'D BY LOCAL REG. <u>8-7-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	

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

No. 300
10-48
4000

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Frank J. Owens

Licensed Embalmer No. 2245

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.