

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2665

State File No.

318

1003

222

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2249				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1916a Arsenal St.				STREET ADDRESS (If rural, give location) 24 1916a Arsenal St. 0						
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ** c. (Last) KALIST			4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1951							
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED, MARRIED		8. DATE OF BIRTH June, 24, 1872		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? 4			
13a. FATHER'S NAME Francis Kalist			13b. MOTHER'S MAIDEN NAME Hedwig ?			14. NAME OF HUSBAND OR WIFE Josephine Kalist				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine Kalist 1916a Arsenal St.						
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, chronic INTERVAL BETWEEN ONSET AND DEATH unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Tumor, abdominal, nature unk									
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4.2.2.1						
22. I hereby certify that I attended the deceased from Jan. 18, 1951, to Jan. 21, 1951, that I last saw the deceased alive on Jan. 20, 1951, and that death occurred at 12:30 a.m., from the causes and on the date stated above.										
23a. SIGNATURE John K. Wally, M.D.				23b. ADDRESS 1800 S. Sedney St.				23c. DATE SIGNED Jan 23, 1951		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 1/24/51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 23 1951		25. FUNERAL DIRECTOR'S SIGNATURE Chulick Und. Co.			ADDRESS 1722 S. Jefferson					

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Albert A. Chubb

Licensed Embalmer No. 4143

P. O. Address 1722 S. Jefferson

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.