

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5349

640

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

BIRTH NO. _____		REG. DIST. NO. <u>809</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</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 township) <u>Hannibal</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u> <u>4505</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>84 Lake Forest</u> <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Raymond</u>		b. (Middle) <u>August</u>		c. (Last) <u>Kaltwasser</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb.</u> <u>13,</u> <u>1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Mar. 29, 1897</u>		9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>14</u>		IF UNDER 24 HRS. Hours <u>14</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Metal Products</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>August P. Kaltwasser</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Von der Au</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Kennedy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-03-4101</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph Mattick, 1665 Andrews Drive</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> <u>degenerative myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Cholesterol</u>				INTERVAL BETWEEN ONSET AND DEATH <u>70 mos.</u> <u>4201</u>	
19a. DATE OF OPERATION <u>11/30/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gastric obstruction</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) <u>Hannibal, Marion, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/30/50</u>		21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK? <input type="checkbox"/> <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slipped</u>			
22. I hereby certify that I attended the deceased from <u>11/28</u> , 19 <u>50</u> , to <u>2/13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/13</u> , 19 <u>51</u> , and that death occurred at <u>9</u> A.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Rechner</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>1001 Parkway</u> <u>St. Elizabeth's Hospl., Hannibal, Mo.</u>		23c. DATE SIGNED <u>2/13/51</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/15/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-13-51</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u>		ADDRESS <u>6633 Clayton Road</u> <u>St. Louis County, Clayton Mo.</u>	

RECEIVED FEB 13 1951
MARION CO. HEALTH DEPT.
DATE FILED FEB 17 1951

MAR 17 1951

MAY 11 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Robert J. ...

Licensed Embalmer No. 1994

P. O. Address _____

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.