

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35026

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|--|--|--|---|--|-------------|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | 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 | | 2029 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. 6915 Quincy | | | | d. STREET ADDRESS (If rural, give location) 6915 Quincy | | | | | |
| 3. NAME OF DECEASED (Type or Print) Katherine | | | a. (First) | | b. (Middle) | | c. (Last) Fisbeck | | |
| 4. DATE OF DEATH | | (Month) (Day) (Year) | | 10/5/51 | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Mar. 20, 1898 | | 9. AGE (In years last birthday) 53 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home | | 10b. KIND OF BUSINESS OR INDUSTRY --- | | 11. BIRTHPLACE (State or foreign country) Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Julius Kalanquin | | | 13b. MOTHER'S MAIDEN NAME Mary (unknown) | | | 14. NAME OF HUSBAND OR WIFE Fred | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. --- | | 17. INFORMANT'S SIGNATURE OR NAME Fred Fisbeck--6915 Quincy | | | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | <p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Chronic myocardial disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 minutes 5 years | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 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) _____ m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? HSAI | | | | | |
| 22. I hereby certify that I attended the deceased from 8-6-1945 to 10-5-1951 , that I last saw the deceased alive on 9-27, 1951 , and that death occurred at 3:15 P.M. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE J. Jones | | (Degree or title) 0 | | 23b. ADDRESS M.P. 3616 S. Bldg. St. Louis | | 23c. DATE SIGNED 10-6-51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10/9/51 | | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri | | | |
| DATE REC'D BY LOCAL REG. OCT 8 | | REGISTRAR'S SIGNATURE J. Paul Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Walden ADDRESS 3634 Gravois | | | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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. Williams Jr.

Licensed Embalmer No. *2645*

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.