

FILED FEB 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 272

BIRTH NO. 34461-53 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY: (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY: (If outside corporate limits, write RURAL and give township) St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location) 1614 North 11th Street	

3. NAME OF DECEASED (Type or Print)		a. (First) ANTHONY		b. (Middle) OSCAR		c. (Last) KAELIN JR		4. DATE OF DEATH (Month) (Day) (Year) Jan. 21 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH June 30, 1953		9. AGE (In years last birthday) 6		10. MONTHS (Day) (Min.) 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A			

13a. FATHER'S NAME Anthony O. Kaelin Sr.		13b. MOTHER'S MAIDEN NAME Juanita Goodwin		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Anthony O. Kaelin Sr. St. Joseph, Mo.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
ANTECEDENT CAUSES 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.					

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) <i>491X</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from 1/20, 1954 to 1/21, 1954, that I last saw the deceased alive on 1/21, 1954, and that death occurred at 9:35 Am., from the causes and on the date stated above.

23a. SIGNATURE <i>Charles F. Steulin</i>		(Degree or title) (P23b. ADDRESS) <i>MD, 902 Edmund St., City</i>		23c. DATE SIGNED <i>1/24/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 23, 1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
		24d. LOCATION (City, town or county) (State) St. Joseph Missouri			

DATE REC'D BY LOCAL REG. Jan 22 1954		REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>		485		25. FUNERAL DIRECTOR'S SIGNATURE <i>Stanley Funeral Home St Joseph Mo</i>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *John Roy Stamer*

Licensed Embalmer No. *2435*

P. O. Address *St Joseph*

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.