

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13644

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3093

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3093					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <i>St. Louis</i>				c. LENGTH OF STAY (In this place) <i>10 days</i>		c. CITY OR TOWN <i>Jefferson City</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Firmin Dastaga</i>				e. STREET ADDRESS (If rural, give location) <i>0264</i>							
3. NAME OF DECEASED (Type or Print)			a. (First) <i>FREDERICK CHARLES</i>			b. (Middle) <i>KAULLEN</i>			c. (Last)		
4. DATE OF DEATH			Month) (Day) (Year)			<i>APR. 3 1954</i>					
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>		8. DATE OF BIRTH <i>Oct 24 1914</i>		9. AGE (In years last birthday) <i>39</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Dept of Revenue</i>				11. BIRTHPLACE (City and State or Foreign Country) <i>Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>August Kaulken</i>				13b. MOTHER'S MAIDEN NAME <i>Francis Weislocher</i>				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>August Kaulken Jefferson City Mo.</i>					
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) <i>Meningitis</i>								INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Tetralogy of Fallot</i>									
		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 <i>4/1/54</i>		19b. MAJOR FINDINGS OF OPERATION <i>No Brain abscess found</i>								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>754.0</i>							
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?							
22. I hereby certify that I attended the deceased from <i>4/2/54</i> , 19__, to <i>4/3/54</i> , 19__, that I last saw the deceased alive on <i>4/3/54</i> , 19__, and that death occurred at <i>12:50 a.m.</i> , from the causes and on the date stated above.											
23a. SIGNATURE <i>T. Dubuque M.D.</i> (Degree or title)				23b. ADDRESS <i>1325 S. Grand</i>				23c. DATE SIGNED <i>4/3/54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>4-5-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection</i>		24d. LOCATION (City, town, or county) (State) <i>Jefferson City Mo</i>					
DATE REC'D BY LOCAL REG. <i>APR 6 1954</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Dulla Funeral Home Jefferson City Mo</i>							

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

APR 28 1955

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.....
Signature of Student Embalmer

Signed.....
J. Allen Davis

Licensed Embalmer No.....

P. O. Address.....
St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.