

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31529

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 197

1. PLACE OF DEATH <i>Carmelite Home</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <i>St Charles County, Mo</i>	b. CITY (If outside corporate limits, write RURAL and give township)	c. LENGTH OF STAY (In this place)	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
b. CITY OR TOWN <i>St Charles</i>	c. CITY OR TOWN <i>ST LOUIS MO</i>	e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>CARMELITE HOME</i>	e. STREET ADDRESS <i>5115 So Kingshighway</i>		

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Robert</i>	b. (Middle)	c. (Last) <i>Kalinowski</i>	4. DATE OF DEATH (Month) (Day) (Year)
				<i>9 29 1954</i>

5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>DIVORCED</i>	8. DATE OF BIRTH <i>2-22-1871</i>	9. AGE (In years last birthday) <i>83</i>	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 Wk. Days	12. IF UNDER 1 Wk. Hours	13. IF UNDER 1 Wk. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>STEAM SHOVEL OP</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>CONTRACTING</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>POLAND</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>JOSEPH KALINOWSKI</i>	13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>	14. NAME OF HUSBAND OR WIFE <i>MARIE</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>	16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT'S SIGNATURE OR NAME <i>ESTELLE D. FULVIO</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>pneumonia, lobar</i>			

ANTECEDENT CAUSES	DUE TO (b)	DUE TO (c)
<i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		<i>490X</i>

II. OTHER SIGNIFICANT CONDITIONS <i>generalized arteriosclerosis = arteriosclerotic heart disease</i>	<i>10 years?</i>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from *Jan 1, 1954* to *9/29, 1954*, that I last saw the deceased alive on *9/29, 1954*, and that death occurred at *10 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>George E. Krater</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>St Charles Mo</i>	23c. DATE SIGNED <i>9-29-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Oct. 2-1954</i>	24c. NAME OF CEMETERY OR CREMATOR <i>CALVARY</i>	24d. LOCATION (City, town, or county) (State) <i>ST LOUIS MO</i>
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DATE REC'D BY LOCAL REG. <i>Sept 29 1954</i>	REGISTRAR'S SIGNATURE <i>F. Carmel Hamilton</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Thompson</i>	ADDRESS <i>St Louis Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48423
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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 *William B. White*

Licensed Embalmer No. *428*

P. O. Address *4228 No. Thompson*

**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.**