

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10950**
Registrar's No. **2279**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 town) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 4324 Toenges Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital			
3. NAME OF DECEASED a. (First) KATIE		b. (Middle)	c. (Last) KALDE
(Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) 3-1-1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-11-1882
9. AGE (In years last birthday) 73		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Emerson		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Wesley H. Kalde
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 Wesley H. Kalde ADDRESS 4324 Toenges Ave
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Left Fore ANTECEDENT CAUSES suffered in fall out of bed in home, Feb 8th Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO DUE TO II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 1956. INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) St. Louis Mo (COUNTY) 21 (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 8 56 3 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? O.D.	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:25 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE James M. Kelly (Deputy title) Deputy		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 3-5-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-5-1956	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Parl	24d. LOCATION (City, town, or county) (State) 10160 Gravois Road Mo
DATE REC'D BY LOCAL REG. MAR 5 1956	REGISTRAR'S SIGNATURE Carl Smith	25. FEDERAL DIRECTOR'S SIGNATURE Wesley H. Kalde ADDRESS 6409 Gravois Ave	

(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
by me, or by, Student Embalmer No...
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Van M. Sizemore

Licensed Embalmer No.....

P. O. Address, *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.