

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29620

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8030

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>St. Louis,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Chronic Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2247 8248a Texas</u>	
3. NAME OF DECEASED (Type or Print) <u>Katherine</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Kaelin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 25--1957.</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>February 7, 1871</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR _____	IF UNDER 1 HOUR _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home,</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Switzerland.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Godfried Willi,</u>	
13b. MOTHER'S MAIDEN NAME <u>Katherine Dorner,</u>		14. NAME OF HUSBAND OR WIFE <u>Peter Pius Kaelin,</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Peter B. Kaelin (Son)</u>		ADDRESS <u>6404 Pennsylvania Ave</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pt. Bronchopneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinomatous (primary Carcin)</u> 4 mo.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <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) _____	
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 <u>April 18, 1957,</u> to <u>August 25, 1957,</u> that I last saw the deceased alive on <u>August 25, 1957,</u> and that death occurred at <u>10:10 A.M.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>John W. Beckham, M.D.</u>		23b. ADDRESS <u>5800 Arsenal</u>	
23c. DATE SIGNED <u>8/26/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal,</u>	
24b. DATE <u>8/28/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery,</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gebken-Benz Mortuary,</u>	
25. ADDRESS <u>2842 Meramec St.,</u>		26. DATE REC'D BY LOCAL REG. <u>AUG 28 57</u>	
REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		26. DATE SIGNED <u>St. Louis, 18, Mo.</u>	

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leon E. Percy*.....

Licensed Embalmer No. *140*.....

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.