

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29622
STATE FILE NUMBER
7497

FILED AUG 30 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7497**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		d. STREET ADDRESS (If outside, give location) 544 Mapleview	
3. NAME OF DECEASED (Type or print) First HASKEL Middle KALMES Last KALMES		4. DATE OF DEATH Month Aug. Day 11 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 15, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee		10b. KIND OF BUSINESS OR INDUSTRY Manf. Ladies Garm.	11. BIRTHPLACE (City and state or country) USSR
13. FATHER'S NAME Meyer Kalmes		14. MOTHER'S MAIDEN NAME Chaina Satt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Philip Lalmes 7834 Cornell
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) chronic pyelonephritis DUE TO (c) 600.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 mo. years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 2:00 Month Aug. Day 57 Year 57 a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION University City, Mo.	
21. I attended the deceased from July 57 to Aug. 57 and last saw ^{her} him alive on Aug. 10, 57 Death occurred at 2:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Melvin R. Solomon, MD (Degree or title)		22b. ADDRESS 634 N. Grand.	22c. DATE SIGNED 8/12/57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 8/12/57	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth	23d. LOCATION (City, town, or county) (State) University City, Mo.
24. FUNERAL DIRECTOR Berger Memorial ADDRESS 4715 McPherson		25. DATE RECD. BY LOCAL REG. AUG 12 57	26. REGISTRAR'S SIGNATURE Carl Smith MD

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

St. Louis Jewish Hosp. 10 days in review
 University City St. Louis
 Male White
 Employee
 Mayer James
 Chain Satt
 USSR
 Philia James 1834 Cornell
 Unk.
 No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
 by me, or by Student Embalmer No.
 working under my personal supervision.

Student
 Signature of Student Embalmer

Signed *Lawrence J. ...*
 Licensed Embalmer No. 39

P. O. Address

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.

Embalmer's License No. 1715