

Health, Welfare  
Public Service

FILED FEB 14 1958

STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **698**

300  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Webster Groves</b> <b>4607</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>23 HOSPITAL OR INSTITUTION St. John's Hospital</b>		Length of stay in lb <b>18 days</b>	d. STREET ADDRESS (If outside, give location) <b>27 1525 Holly Drive</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Wesley</b> Middle <b>Henry</b> Last <b>Kalde</b>			4. DATE OF DEATH Month <b>January</b> Day <b>18</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 28, 1881</b>
9. AGE (In years last birthday) <b>76</b>		10. FUNDER 1 YEAR Months <b>7</b> Days <b>6</b>	IF UNDER 24 HRS. Hours <b>7</b> Min. <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Business</b>	11. BIRTHPLACE (City and state or country) <b>Fort Dodge, Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Kalde</b>	
13b. MOTHER'S MAIDEN NAME <b>(unknown) Lehman</b>		14. NAME OF HUSBAND OR WIFE <b>Katie Kalde</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Harold Kalde, 1525 Holly Drive</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Broncho-pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Landsys-Guillian-Barre Syndrome</b> DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH <b>2 Days</b> <b>24 Days</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>364x</b>			
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 _____ Month _____ Day _____ Year _____ 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 COUNTY _____ STATE _____	
21. I attended the deceased from <b>12-26-57</b> to <b>1-18-58</b> and last saw him alive on <b>1-18-58</b> Death occurred at <b>4:00</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Lewis M. Hoffmeister</b> (Degree or title)		22b. ADDRESS <b>4030 Chouteau ave, 1/19/58</b>	
22c. DATE SIGNED <b>1/19/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>Jan. 21, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
24. FUNERAL DIRECTOR <b>Hoffmeister</b> ADDRESS <b>Colonial Mortuary, 6464 Chippewa St.</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 20 '58</b>	
		26. REGISTRAR'S SIGNATURE <b>Earl Smith MD</b> <b>mjs</b>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No synonyms will be viewed. All diseases in Part I must be causally related.

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 *Eric C. Johnson*

Licensed Embalmer No. *1764*  
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.