

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3131  
STATE FILE NUMBER  
3131  
3124

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1324

300  
-57

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, give TOWNSHIP only) OR TOWN <u>ST. LOUIS Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Y.W.C.A., LOCUST ST</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>225 Y.W.C.A 141 Locust St</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MARIE</u> Middle <u>KALT</u> Last			4. DATE OF DEATH Month <u>FEB.</u> Day <u>2</u> Year <u>1958</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 2 1911</u>		9. AGE (In years last birthday) <u>46</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESWOMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNEMPLOYED</u>		11. BIRTHPLACE (City and state or country) <u>LOS ANGELES CAL.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>WILLIAM KALT</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE ROHR</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>WILLIAM KALT, JR.</u>		Address <u>2114 FOREST</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple Fractures</u> DUE TO (b) <u>Head Injury</u> <u>E978.X</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terms of above conditions (see PART I, b, c) <u>Fractured window of 4th floor YWCA</u> <u>mental aberration</u>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (If possible, injury in PART I or PART II, see 18.) <u>1st floor window of 4th floor YWCA</u> <u>1958 while suffering a temporary</u> <u>mental aberration</u>				
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. <u>2 2 58</u> 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, shop, factory, street, office, bldg., etc.) <u>Y.W.C.A.</u>	
20f. CITY, TOWN, OR LOCATION <u>St Louis</u>		COUNTY <u>Mo</u>		STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>326 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>James M Kelly</u> (Deceased or title) <u>Deputy</u>			22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>2-4-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>FEB. 5 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>	
23d. LOCATION (City, town, or county) <u>ST. LOUIS</u>		(State) <u>Mo</u>		24. FUNERAL DIRECTOR <u>Thomas Tutis 2906 Gravois</u>	
25. DATE RECD. BY LOCAL REG. <u>FEB 4 '58</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification  
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 *Samuel C. Hill* .....

Licensed Embalmer No. *4347* .....

P. O. Address *2901 Harris* .....

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.