Health, Welfare Public Service

300 0
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-047251
STATE FILE NUMBER 12192

FILED JAN 19 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Bond

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St.Louis — Inside Limits Yes [X] No [ ]

c. CITY OR TOWN Pocahontas 8120 8 — Inside Limits Yes [ ] No [X]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 07 Christian Hospital — Length of stay in 1b 1 day

d. STREET ADDRESS (If outside, give location) 32 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Frank Middle Martin Last Kalous

4. DATE OF DEATH Month December Day 16 Year 1958

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH Feb.16, 1879

9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoisting Engineer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Austria 4

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Joseph W.Kalous, Address Pocahontas, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis - severe
DUE TO (c) Senility - acute pyelitis
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Amputation of left leg.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 331X

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 12-15-1958 to 12-16-1958 and last saw her/him alive on 12-16-1958
Death occurred at 7:50 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Irvin D. Berwald M.D. 0

22b. ADDRESS 3409 N. Union

22c. DATE SIGNED 12-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 12-17-58

23c. NAME OF CEMETERY OR CREMATORY Roberson Cemetery

23d. LOCATION (City, town, or county) (State) Pocahontas, Ill.

24. FUNERAL DIRECTOR Albert H.Hoppe, ADDRESS 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG. DEC 17 '58

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
Admitted at Hospital 2:50 PM Dec.15,1958
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

## 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 .....

Licensed Embalmer No. 4077

P. O. Address .....

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.