

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 21 1959

59-025703

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jefferson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arnold		Length of stay in 1b 13 yrs.		c. CITY OR TOWN Arnold		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. #1			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R. #1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Louis Middle E. Last Kaltwasser, Jr.				4. DATE OF DEATH Month June Day 30 , Year 1959			
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 2/9/82	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant (retired)		10b. KIND OF BUSINESS OR INDUSTRY Wacker-Helderle		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Louis E. Kaltwasser, Sr.		13b. MOTHER'S MAIDEN NAME Anna Maria Michel		14. NAME OF HUSBAND OR WIFE Sophia Bauer Kaltwasser			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 498-09-3669		17. INFORMANT Address Miss Elsa A. Kaltwasser-Arnold, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lipoma						INTERVAL BETWEEN ONSET AND DEATH 18 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 _____ a.m. _____ p.m.		Month, Day, Year _____					
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 3/8/59 to 6/30/59 and last saw him alive on 6/30/59 Death occurred at 11:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Charles R. Burnede M.D.				22b. ADDRESS 206 W. Argonne Kirkwood 22		22c. DATE SIGNED 7/2/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 3, 1959	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		23d. LOCATION (City, town, or county) St. Louis Co., Missouri		
24. FUNERAL DIRECTOR WACKER-HELDERLE-3634		ADDRESS Gravois Ave.		25. DATE RECD. BY LOCAL REG. 7-3-1959		26. REGISTRAR'S SIGNATURE Robert E. Bauer	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1955 1 8 1061

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Frank J. [Signature]
Licensed Embalmer No. 2675

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to conform 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.

Charles R. Burnside, M.D.