

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

160-012795

FILED VS MAR 17 1960

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's 2 2721

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital | | d. STREET ADDRESS (If outside, give location) 3690 Bellerive Blvd. | |
| 3. NAME OF DECEASED (Type or print) First Middle Last WALDEMAR H. KALETTA | | 4. DATE OF DEATH Month Day Year Mar. 7 1960 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 24, 1889 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice President-Kaletta Statuary & Church Goods Co. | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | |
| 13a. FATHER'S NAME Andrew T. Kaletta | | 14. NAME OF HUSBAND OR WIFE Ida C. Kaletta | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypertensive Conclusive Disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Coronary artery atherosclerosis</i> DUE TO (c) <i>420.1</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>3 Fy</i> <i>Unknown</i> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cerebral Edema</i> | | 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 checked="" 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 <i>Oct 24, 1957</i> to <i>March 7, 1960</i> and last saw him alive on <i>3-6-60</i> Death occurred at <i>10:50 A.</i> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Raymond T. Martin MD</i> | | 22b. ADDRESS <i>5203 Chippewa</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 22c. DATE SIGNED <i>3-7-60</i> | |
| 23b. DATE Mar. 10, 1960 | | 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | |
| 24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd. | | 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | |
| 25. DATE RECD. BY LOCAL REG. MAR 8 1960 | | 26. REGISTRAR'S SIGNATURE <i>Loard Smith, M.D.</i> | |

DOCUMENT

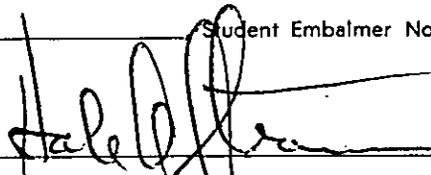
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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  _____
Student Embalmer No. _____

Licensed Embalmer No. 4533
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.