

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-036258

FILED VS. SEP 21 1960

318

1003

8968

STATE FILE NUMBER

INDEXED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS.		Length of stay in 1b		c. CITY OR TOWN ST. LOUIS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS. HOSP			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 3920 BURGEM		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last ALDIS J. LOUIS. KALNEY				4. DATE OF DEATH Month Day Year 9-10-1960									
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 8-2-1886		9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Shoe Worker		11. BIRTHPLACE (City and state or country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME John J. Kalney				13b. MOTHER'S MAIDEN NAME NOT KNOWN				14. NAME OF HUSBAND OR WIFE Theresa Zech. KALNEY					
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. 488-07-8400		17. INFORMANT Theresa Kalney 3920 Burgem				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) General carcinoma DUE TO (b) Sarcoma of prostate DUE TO (c) 177x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 6 years.					
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 checked="" 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 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 1953 to 1960 and last saw him alive on 9/10/60 Death occurred at 12:12 Noon on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Walter M. Miller M.D. (Degree or title)				22b. ADDRESS 975 Acadia Blvd				22c. DATE SIGNED 9/12/60 (State)					
23a. BURIAL CREMATION, (Specify)		23b. DATE 9-13-1960		23c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery				23d. LOCATION (City, town, or county) St Louis Mo					
24. FUNERAL DIRECTOR WINGBERMUEHLE ADDRESS				25. DATE RECD. BY LOCAL REG. SEP 12 1960		26. REGISTRAR'S SIGNATURE Loan Smith. M.D.							

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

George J. Myburgh

Licensed Embalmer No. 4611

P. O. Address St. Louis 1

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.