

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-3264

FILED VS FEB 9 1961 318 Primary Registration District No. 1003 Registrar's No. 988 STATE FILE NUMBER 61-3264

AMENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 1-day	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospitals, Inc.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5235 Oleatha
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Katherine Margaret Kalert	4. DATE OF DEATH Month Day Year Jan 31 1961
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5. SEX Female	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 1-22-1889	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME ----- Kuehner	13b. MOTHER'S MAIDEN NAME Marie Keck	14. NAME OF HUSBAND OR WIFE Henry J. Kalert
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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	17. INFORMANT Jeanette K. Paprotnik-5235 Oleatha	Address
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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>Thrombotic Emboli of Jungs</i>		INTERVAL BETWEEN ONSET AND DEATH <i>few days</i>
DUE TO (b) <i>Peripheral thrombosis of lower limbs</i>		
DUE TO (c) <i>Immobilization</i>		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Coronary Arteriosclerosis, Nephrosclerosis</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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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
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21. I attended the deceased from <i>1956</i> to <i>1-31-61</i> and last saw her/him alive on <i>1-31-61</i> Death occurred at <i>12.25 A.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Ronald J. Hosto M.D.</i>	(Degree or title)	22b. ADDRESS 1755 So. Grand	22c. DATE SIGNED 1/31/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 3, 1961	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR Wacker - Helderie 3634 Gravois	25. DATE RECD. BY LOCAL REG. FEB 1 1961	26. REGISTRAR'S SIGNATURE <i>Ronald Smith M.D.</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 ITEM NO. SHOULD READ
 18b Peripheral thrombosis of lower limbs
 18c immobilization
 BY AFFIDAVIT OF attending physician
 MEDICAL CERTIFICATION
 DOCUMENT
 INSTEAD OF
 DATE AMENDED
 2/23/61
 2/23/61

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 *Anna M. Ballo*
Licensed Embalmer No. 4375
P. O. Address *Lawrence, N.J.*

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.