

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019298  
STATE FILE NUMBER

AMENDED 1 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1251

**FILED MAY 19 1961**

1. PLACE OF DEATH  
a. COUNTY **ST. LOUIS**  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **JEFFERSON BARRACKS** Length of stay in lb **12 DAYS**  
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **HOSP VETERANS ADMINISTRATION** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **MO** b. COUNTY **NONE**  
c. CITY OR TOWN **ST. LOUIS** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **1441 RUTGER LANE** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**EDGAR M KALTWASSER** **MAY 3 1961**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **5-16-90** 9. AGE (last birthday) **70** 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) **PAINTER** 10b. KIND OF BUSINESS OR INDUSTRY **ANYKIND** 11. BIRTHPLACE (City and state or country) **ST. LOUIS, MO.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **EDWARD W. KALTWASSER** 13b. MOTHER'S MAIDEN NAME **BLANCHE MESNIER** 14. NAME OF HUSBAND OR WIFE **JEAN KALTWASSER**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WWI** 17. INFORMANT (WIFE) Address **LOUIS, MO. JEAN KALTWASSER, 1441 RUTGER LN, ST.**

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 INFARCTION**  
DUE TO (b) **CEREBRAL ATHEROSCLEROSIS**  
DUE TO (c) **332x**  
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.  
INTERVAL BETWEEN ONSET AND DEATH **1 WEEK**  
**UNDETERMINED**

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  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 **VA 4-27-61** to **5-3-61** **XXXXXXXXXXXXXXXXXXXX**  
Death occurred at **7:00 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Fred Ionaba M.D.** 22b. ADDRESS **VAH JEFFERSON BARRACKS, MISSOURI** 22c. DATE SIGNED **5-3-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **May 5, 1961** 23c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 23d. LOCATION (City, town, or county) **Jefferson Barracks, Mo.**

24. FUNERAL DIRECTOR **Edward Fendler 5611 So. Grand Blvd.** ADDRESS 25. DATE RECD. BY LOCAL REG. **5-4-61** 26. REGISTRAR'S SIGNATURE **J. G. [Signature]**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Les J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis Mo.

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.