

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026985
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6466

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

FILED JUL 25 1961

| | | | |
|--|---|---|--|
| 1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY | | a. STATE <u>Mo.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis.</u> | | c. CITY OR TOWN <u>St. Louis.</u> | |
| Length of stay in 1b | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4320 Duke.</u> | | d. STREET ADDRESS (If outside, give location) <u>4320 Duke.</u> | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| First <u>Thomas</u> Middle <u>J. Kanly.</u> Last | | Month <u>7</u> Day <u>10</u> Year <u>1961.</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White.</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-21-74</u> |
| 9. AGE (last birthday) <u>87</u> | | IF UNDER 1 YEAR | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and state or country) <u>Austria.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>John F. Kalny.</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Mikes.</u> |
| 14. NAME OF HUSBAND OR WIFE <u>Bertha Kalny.</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Bertha Kalny. 4320 Duke.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Arterio Sclerotic Heart Disease,</u> | | | |
| DUE TO (b) <u>Generalized Arterio Sclerosis.</u> | | | |
| DUE TO (c) <u>420.0</u> | | | |
| 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 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 <u>5:30</u> to <u>P</u> and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Helen L. Taylor Coroner</u> | | 22b. ADDRESS <u>1300 Clark Ave.</u> | 22c. DATE SIGNED <u>7/12/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>7-13-61.</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunset.</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, County Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Southern Funeral Home.</u> <u>6322 S. Grand Blvd</u> | | 25. DATE RECD. BY LOCAL REG. <u>JUL 12 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Roan Smith, M.D.</u> |

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 David Lee Fossan

Licensed Embalmer No. 4242

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.