

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042578

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11021

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis

Length of stay in 1b  
3 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Mo.

b. COUNTY St. Louis admission)

c. CITY OR TOWN Overland

Inside Limits  
Yes  No

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION DePaul Hospital

Inside Limits  
Yes  No

d. STREET ADDRESS (if outside, give location)  
10741 Page Ave.,

Reside on Farm  
Yes  No

3. NAME OF DECEASED

First Harry

Middle Albert

Last Kaller

4. DATE OF DEATH

Month Day Year  
Nov. 25 1961

5. SEX

M

6. COLOR OR RACE

W

7. Married  Never Married   
Widowed  Divorced

8. DATE OF BIRTH

6-2-1886

9. AGE (last birthday)

75

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stair Builder

10b. KIND OF BUSINESS OR INDUSTRY

Stairs

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Kaller

13b. MOTHER'S MAIDEN NAME

Wilhelmina Boyer

14. NAME OF HUSBAND OR WIFE

Lydia Kaller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Lydia Kaller-10741 Page-Pagedale, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Acute myocardial infarction*

INTERVAL BETWEEN ONSET AND DEATH

12 hrs

DUE TO (b)

*Art. sel. cov. art. disease*

DUE TO (c)

4201

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 10-24-61 to 11-25-61 and last saw him alive on 11-25-61  
Death occurred at 10:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or M.D.)

*Wayne O. Gorla M.D.*

22b. ADDRESS

100 N. Euclid

22c. DATE SIGNED

11-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11-28-1961

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

23d. LOCATION (City, town, or county)

Pagedale, Mo.

(State)

24. FUNERAL DIRECTOR

Baumann Bros. Inc. 2504 Woodson Rd. Overland 14, Mo.

25. DATE RECD. BY LOCAL REG.

NOV 27 1961

26. REGISTRAR'S SIGNATURE

*Loard Smith. M.D.*

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 26 1961

**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 C. Giblin

Licensed Embalmer No. 3457

P. O. Address Overland

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.