

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046484

AMENDED

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

318

1003

STATE FILE NUMBER

Primary Registration District No. 11649 Registrar's No. 11649

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY St. Louis |  |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis   |  | Length of stay in 1b  |  | c. CITY OR TOWN Huntleigh Village  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION St. Lukes Hospital  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br>#27 Huntleigh Woods                         |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First ETTA Middle MARTHA Last KALBFLEISCH   |  |   | 4. DATE OF DEATH<br>Month Daecember Day 13 Year 1961   |  |  |   |  |
| 5. SEX<br>female   | 6. COLOR OR RACE<br>white              | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br>10-3/1904  | 9. AGE (last birthday)<br>57   | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>at home   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>housewife  |  | 11. BIRTHPLACE (City and state or country)<br>Wellsville, Missouri                           |  | 12. CITIZEN OF WHAT COUNTRY<br>U.S.A.   |  |
| 13a. FATHER'S NAME<br>Eugene Rigge   |  |   | 13b. MOTHER'S MAIDEN NAME<br>Ida Turner  |  | 14. NAME OF HUSBAND OR WIFE<br>Herbert F. Kalbfleisch                      |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>no   |  | 16. SOCIAL SECURITY NO.<br>none   |  | 17. INFORMANT Address<br>Herbert Kalbfleisch #27 Huntleigh Woods                             |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Carcinomatosis, Extensive</i>   |  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>months</i>   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <i>Carcinoma of breast</i>  |  |   |  |  |  | at 3 yrs  |  |
| DUE TO (c) <i>170X</i>   |  |   |  |  |  |   |  |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>a.m. p.m.  |  |   |  |  |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <i>11/24/61</i> to <i>12/13/61</i> and last saw her alive on <i>12/13/61</i><br>Death occurred at <i>2:00</i> <i>P</i> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><i>L. P. Beam M.D.</i>   |  |   |  | 22b. ADDRESS<br><i>35 No Central St. Louis 5 Mo</i>  |  | 22c. DATE SIGNED<br><i>12/15/61</i>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Entombment  |  | 23b. DATE<br>12/16/61   | 23c. NAME OF CEMETERY OR CREMATORY<br>Oak Grove Mausoleum  |  | 23d. LOCATION (City, town, or county) (State)<br>St. Louis County Missouri |   |  |
| 24. FUNERAL DIRECTOR ADDRESS<br>C.R. Lupton and sons 7233 Delmar Blvd  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br>DEC 14 1961  |  | 26. REGISTRAR'S SIGNATURE<br><i>Loan Smith, M.D.</i>  |  |

DOCUMENT

MEDICAL CERTIFICATION

**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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis

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.