

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048478

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12414 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 10 1963

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (if outside corporate limits, give TOWNSHIP only) St. Louis Length of stay in lb
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Kansas b. COUNTY LaBette
 c. CITY OR TOWN Edna Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
MYRTLE KALLENBERGER Dec. 26, 1962

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7/10/1888 9. AGE (last birthday) 79
 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) Housewife - Companion 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Edna Kansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Thomas McKinley 13b. MOTHER'S MAIDEN NAME Annie E. Weaver 14. NAME OF HUSBAND OR WIFE Charles R. Kallenberger

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. [redacted] 17. INFORMANT Address Mrs. H.A. Latta 15 Rosemont

18. CAUSE OF DEATH (Enter only one cause per line. If more than one, list them in order of importance.)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Hemorrhage
 DUE TO (b) Arteriosclerosis
 DUE TO (c) 331X
 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)
 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 12-25-62 to 12-26-62 and last saw her/him alive on 12-25-62
 Death occurred at 1 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 8540 Big Bend 22c. DATE SIGNED 12-26-62

23. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 12/27/1962 23c. NAME OF CEMETERY OR CREMATORY Local 23d. LOCATION (City, town, or county) (State) Edna Kansas

24. FUNERAL DIRECTOR ADDRESS Parker-Aldrich Webster Groves Mo. 25. DATE RECD. BY LOCAL REG. DEC 26 1962 26. REGISTRAR'S SIGNATURE [Signature]

VS 300 Rev. 4/59

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2850-8X

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

OK
John P. Taylor
Stoner 12-27-62

JAN 11 1963

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 Leslie Welch

Licensed Embalmer No. 4395
P. O. Address Wester Groves 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.