

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-003070

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 6

FILED JAN 14 1963	
1. PLACE OF DEATH	
a. COUNTY St. Charles	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles	a. STATE Missouri b. COUNTY St. Louis
Length of stay in 1b 10 Days	c. CITY OR TOWN Hazelwood
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital	d. STREET ADDRESS (If outside, give location) 122006 Missouri Bottoms Rd.
3. NAME OF DECEASED	
First OTTO Middle HERMAN Last KELTING	4. DATE OF DEATH
5. SEX Male	
6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>
8. DATE OF BIRTH 3/20/1894	9. AGE (last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Law Enforcement	10b. KIND OF BUSINESS OR INDUSTRY Pink. Det.
11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry Kelting	13b. MOTHER'S MAIDEN NAME Louise Fulsher
14. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address Calverton Park
18. CAUSE OF DEATH (Enter only one cause of death)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Myocardial infarction	INTERVAL BETWEEN ONSET AND DEATH 11 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) Coronary atherosclerosis	
DUE TO (c)	
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	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
21. I attended the deceased from Dec. 23, 1962 to Jan. 7, 1963 and last saw him alive on Jan. 7, 1963	
Death occurred at 9:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Suzanne J. Canty, M.D.	22b. ADDRESS St. Charles, Mo
22c. DATE SIGNED Jan 4, 1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/5/63
23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS BUCHHOLZ MORTUARY, INC. - 5967 W. Florissant	25. DATE RECD. BY LOCAL REG. Jan 4, 1963
26. REGISTRAR'S SIGNATURE Marcella Wilson	

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1/4/63

1963 2.3 2.3

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

Wilfred A. Buchholz

Licensed Embalmer No. 4551

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.