No. 300
10-48

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24973

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6701

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS MO
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2647 ANN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
d. STREET ADDRESS (If rural, give location) 22 2647 ANN

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) F. c. (Last) KALT

4. DATE OF DEATH (Month) AUG. (Day) 1 (Year) 1949

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH MAR. 28 1875

9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 4 Days 3 IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) ST. LOUIS MO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME KALT

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF ~~HUSBAND~~ OR WIFE ELIZABETH KALT

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. 490-12-7988

17. INFORMANT'S SIGNATURE OR NAME WILLIAM KALT ADDRESS 3010 TEXAS

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

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Collapse

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr. Myocarditis
DUE TO (c) Hypertension

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 200

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 102

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 444X

22. *I hereby certify that I attended the deceased from* July 12, 1949, *to* Aug. 1, 1949, *that I last saw the deceased alive on* July 30, 1949, *and that death occurred at* 7:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Leo P. Young (Degree or title) MD

23b. ADDRESS 2621 J. Jefferson

23c. DATE SIGNED Aug 1 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE AUG 4 1949

24c. NAME OF CEMETERY OR CREMATORY S.S. PETER + PAUL

24d. LOCATION (City, town, or county) ST. LOUIS (State) MO

DATE REC'D BY LOCAL REG. AUG 2 1949

REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Leo J Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.