

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39237

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2792

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____	
b. CITY OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>BERKLEY CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Louis City Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>8943 PEACE DR.</u>	

3. NAME OF DECEASED (Type or Print) <u>AGNES</u>	a. (First)	b. (Middle)	c. (Last) <u>KALTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 11 1950</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APR. 25 1876</u>	9. AGE (In years last birthday) <u>74 yrs</u>	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>TENN.</u>	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME <u>JAMES O'CALLAHAN</u>	13b. MOTHER'S MAIDEN NAME <u>KATHERINE</u>	14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	<u>WILLIAM KALTER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>JAMES KALTER</u>	ADDRESS <u>4977 ARSENAL</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastrointestinal Hemorrhage</u>		<u>1 wk</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Esophageal varices</u> DUE TO (c) <u>Carcinoma of the Liver</u>		<u>4 yrs</u> <u>4 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5810</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Oct. 18, 1950, to Nov. 11, 1950, that I last saw the deceased alive on Nov. 11, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles M. Selers, M.D.</u>	(Degree or title)	23b. ADDRESS <u>2601 S. Brentwood Pl. St. Louis, Mo.</u>	23c. DATE SIGNED <u>11-13-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-15-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MCALVARY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. Louis MO</u>
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DATE REC'D BY LOCAL REG. <u>11/13/50</u>	REGISTRAR'S SIGNATURE <u>J.R. Drake, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B. E. Schurz</u>	ADDRESS <u>3125 LAFAYETTE</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 200
10-48

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.....

.....
working under my personal supervision.

..... Student Embalmer No.

Signed.....
Student Embalmer

Signed *James B. Hallmer*
.....
Licensed Embalmer No. *4064*

P. O. Address *3125 Lafayette*

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