

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43637

BIRTH NO. _____		REG. DIST. NO. 37		PRIMARY REG. DIST. NO. 6076		Registrar's No. 3957	
1. PLACE OF DEATH a. COUNTY Saint Louis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) Carsonville		c. LENGTH OF STAY (In this place) 2 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) 10 TOWN Saint Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Penn Nursing Home				d. STREET ADDRESS (If rural, give location) 4427 Bessie Avenue, 15.			
3. NAME OF DECEASED (Type or Print) a. (First) Amelia			b. (Middle)		c. (Last) Kaltschmidt		4. DATE OF DEATH (Month) (Day) (Year) Dec. 10th, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 25th, 1863		9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Franz Gruenert		13b. MOTHER'S MAIDEN NAME Elizabeth (Unknown)		14. NAME OF HUSBAND OR WIFE Late August altschmidt			
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Carrie A. Heuer, 4427 Bessie Avenue, 15			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) Hypertensive Cardiovascular disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1) Dermatomyositis 2) Basal Cell Carcinoma face						INTERVAL BETWEEN ONSET AND DEATH 1 week unknown unknown unknown
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Nov 27, 1951, to Dec 10, 1951, that I last saw the deceased alive on Dec 4, 1951, and that death occurred at 9:00 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lewis Littman D.M.D.				23b. ADDRESS 8231 Clayton Rd		23c. DATE SIGNED 12/12/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/13/51	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. 12-13-51		REGISTRAR'S SIGNATURE Herbert P. Cook M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Lewis E. Littmann, PA 0202
8231 Clayton Rd.,
3:00 P. M. to 5:00 P. M.

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 John A. Mlesin.....

Licensed Embalmer No. 4186.....

P. O. Address St. Louis 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 this body is not embalmed, fact should be so stated above.