

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

31294

1. PLACE OF DEATH

County St. Charles Registration District No. 757 File No. _____
 Township _____ Primary Registration District No. 3036 Registered No. 166
 City St. Charles (No. St. Josephs Hospital St. _____ Ward _____)

2. FULL NAME Henry Kammer

(a) Residence. No. _____ St. _____ Ward. Twistell No 10
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|-----------------|---------------|---------------|---------------|--|
| <u>about 72</u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER No history

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) No history

12. MAIDEN NAME OF MOTHER No history

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) No history

14. INFORMANT Jos H. Dallmeyer (Address) St. Charles Mo

15. FILED 10-28-19-27 Otto Beckemeyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26 1927

I HEREBY CERTIFY, That I attended deceased from June 20, 1927, to Oct 26, 1927, that I last saw him alive on Oct 25, 1927, and that death occurred, on the date stated above, at 12:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cobal Pneumonia
108 / 0100
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY arteria
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

18 Did an operation precede death? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) T. R. Nardley M. D.
Oct 27, 1927 (Address) St. Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Peter's Cemetery Oct 28 1927

20. UNDERTAKER ADDRESS

H. Dallmeyer & Sons 60 800 N. 2nd St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

