

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

Do not use this space.

4689

1. PLACE OF DEATH

County.....
Township.....
City..... *St Louis*

Registration District No. *791*
Primary Registration District No. *1008*
..... *2106 Stansbury*

File No.....
Registered No. *1380*
..... St. Ward)

2. FULL NAME

(a) Residence. No. *2106 Stansbury* St. *24* Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Loa Kellormann*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Mar 13 1846*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 10 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Contractor*
(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) *St Louis Mo*

10. NAME OF FATHER *Adm and Kellormann*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *St Louis Mo*

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *St Louis Mo*

14. INFORMANT (Address) *Mrs Linn 2106 Stansbury St*

15. FILED *29 1929* *Max C Starbuck* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 28 1929*

17. I HEREBY CERTIFY That I attended deceased from *Jan 19 1929* to *Jan 28 1929* and that I last saw him alive on *Jan 28 1929* and that death occurred on the date stated above at *11:15 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis non Tubercular

97
156 B (duration) yrs. mos. da.

CONTRIBUTORY *Atherosclerosis* (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) *[Signature]* M.D.

1/28 1929 (Address) *2154 Stansbury St*

*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

Concordia *Jan 31 1929*

20. UNDERTAKER ADDRESS

Thos W. Beidornidun *1936 St Louis Mo*

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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