

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

Do not use this space.

22936
6359

1. PLACE OF DEATH

County.....
Township.....
City.....
Registration District No. **791**
Primary Registration District No. **1003**
(No. **Jewish Hosp.**)

File No.....
Registered No.....
St..... Ward)

2. FULL NAME

(a) Residence No. **5440 Staska** St., **14** 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. 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Kahm**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept. 8th 1884**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 9 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Mfg. Toilet Articles**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER **Mathias Kahm**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Kath Schueck**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

14. INFORMANT **Mary Kahm**
(Address) **5440 Staska**

15. FILED **JUN 13 1929** **Max C. Stanley** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 10, 1929**

17. I HEREBY CERTIFY, That I attended deceased from **June 9, 1929** to **June 10, 1929** that I last saw h.l. alive on **June 9, 1929**, and that death occurred, on the date stated above, at **6th a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

130. Nephritis (acute parenchymatous) cause unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **128** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **Ernst Jonas** M. D.

6.10.1929 (Address) **453 W. Taylor**

*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 **Valhalla Crematory** DATE OF BURIAL **June 13, 1929**

20. UNDERTAKER **Wm. Schumacher** ADDRESS **3013 Meramec**

WRITE PLAINLY, 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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