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.

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

Do not use this space.

28904

1. PLACE OF DEATH

County ..... Registration District No. 781 ~~1003~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7997

City St. Louis (No. 5340 Nottingham St. ..... Ward)

2. FULL NAME Louis Kellermann

(a) Residence. No. 5340 Nottingham St., 14 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 22, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	3	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cashier

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Rice Stix Dry Goods Co.

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Louis Kellermann

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Bessie Kellermann
(Address) 5340 Nottingham

15. FILED ....., 19 Dean C. Hamlett REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2 1929

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1927, to Aug 2, 1929 that I last saw him alive on Aug 1, 1929, and that death occurred, on the date stated above, at 3 50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

1290

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis (Cerebral Hemorrhage with Hemiplegia in Jan 1929) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Routine urinalysis + Renal function tests.

(Signed) A. R. Shuffle, M. D.

8/2/29 (Address) 1621 Mo. Bldg - St Louis

*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
Bellefontaine	Aug 5 1929

20. UNDERTAKER A. Kron L. & U. Co. 2707 N Grand ADDRESS