

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

37783

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 10053
City St Louis Mo (No. 4359 Taft Ave)

File No.....
Registered No. 10887
St. Ward)

2. FULL NAME Mary Kellermann

(a) Residence. No. 4359 Taft Ave St. 15 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20 1856		
7. AGE	YEARS 74	MONTHS 4
	DAYS 27	If LESS than 1 day, hrs. or min.

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 17 1930**

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1926 to Nov 17, 1930 that I last saw h. 35 alive on Nov 17, 1930, and that death occurred, on the date stated above, at 1:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoma of Gall bladder

8. OCCUPATION OF DECEASED **At Home**

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

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

(c) Name of employer

CONTRIBUTORY (SECONDARY) *Cholera* (duration) 3 yrs. 3 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT A PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS *Clinical*

(Signed) *Frank H. King* M. D.

Nov 17, 1930 (Address) 2249 St Louis ave

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

10. NAME OF FATHER **Wm Kellermann**

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

12. MAIDEN NAME OF MOTHER **Mary Koehne**

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

14. INFORMANT *Mrs. Beany Schreier*
(Address) **3212 Greer Ave**

15. FILED NOV 10 1930 *Max C. Standish*

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*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 **Concordia Cem** DATE OF BURIAL **Nov 20 1930**

20. UNDERTAKER *Geo. L. Geidenwick* ADDRESS **1936 St Louis**

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

