

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

Do not use this space.

32438

**1. PLACE OF DEATH**

County St. Louis  
Township CARONDELIA  
City (No. 111)

Registration District No. 1128  
Primary Registration District No. 3248 F

File No. \_\_\_\_\_  
Registered No. 338  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence, No. 1439 Clifton Ward.

(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 M 4. COLOR OR RACE W 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) 8-12, 07

7. AGE YEARS 23 MONTHS 11 DAYS \_\_\_\_\_ IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min:

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. office work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME Aloysius Kammerer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mary Dordeliger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mary Dordeliger (mother)

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Olive DATE Sept 14, 1931

19. UNDERTAKER (ADDRESS) Hy Ridner Mnd Co 1417 N. Market St

20. FILED Sept 12, 1931 L. C. Clarke Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1931 to 9-12, 1931

I last saw him alive on 9-12, 1931 Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

Transverse myelitis of spinal cord. Date of onset \_\_\_\_\_

Other contributory causes of importance: 23A 30 81A 3

Name of operation T. B. Nichols' Pulmonary T. B. laminectomy Date of 8-13-31

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Chas. H. Ehlers M. D.

(Address) 910 1/2 Broadway

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.

OCT 26 1931

