

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

Do not use this space.

6540

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 4916 Dawson Ave)..... St. Ward)

File No.....
Registered No. 1609
St. Ward)

2. FULL NAME

(a) Residence, No. 4916 Dawson Ave, St. 7 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 56 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband of Nettie Kehmuller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 20, 1875</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>9</u>
	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plasterer 72</u>
	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) <u>Jan. 1930</u>
	11. Total time (years) spent in this occupation. <u>35 yrs.</u>

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

13. NAME John Kehmuller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known, Germany

15. MAIDEN NAME Louise Krenning

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known, Germany

17. INFORMANT Mrs. Nettie Kehmuller (ADDRESS) 4916 Dawson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Feb. 19 1932

19. UNDERTAKER (ADDRESS) Bluedmeyer & Sons 319 S. 4th St.

20. FILED 18 1932 May 2 1932 St. Louis Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15 1932.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1932 to Feb. 15 1932
I last saw him alive on Feb. 15 1932 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:
apoplexy
82
97
arterio-sclerosis
Date of onset Feb. 15, 1932
Other contributory causes of importance:
Don't know

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy no

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..... D

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Roland R. Mearns M. D.
(Address) 5330 Geraldine Ave.

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.

