

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

Do not use this space.

9859

1. PLACE OF DEATH

96 County St. Louis Registration District No. 784 File No. _____
 Township St. Ferdinand Primary Registration District No. 6030 Registered No. _____
 City Florissant Mo. (No. Flourissant Rd. R.R. #3) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Flourissant Rd. R.R. #3 St. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Kohlmeier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 25 1863</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>8</u>	DAYS <u>16</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>Painter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Aug 1921</u>	
11. Total time (years) spent in this occupation <u>22</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
MOTHER / FATHER	13. NAME <u>Adolph Kohlmeier</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany!!!</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Harry O. Juhlmeier Flourissant Rd. R.R. #3</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Charles, Mo</u> DATE <u>March 14, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Wrehmann Hazel 1705 Union Blvd</u>		
20. FILED <u>4/8 1932</u> Emma J. [unclear] Reg.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. alive on _____, 19____. Death in said _____.

to have occurred on the date stated above, at J. o. e. d. m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
936
102 936

Other contributory causes of importance:
Essential hypertension
(5)

Name of operation None Date of _____

(What test confirmed diagnosis?) History 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 _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) John O. Campbell, M. D.
 (Address) Career of St. Louis

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.

APR 29 1932

De Monty

Handwritten signature or text, possibly including the name "De Monty".