

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

Do not use this space.

14693

**1. PLACE OF DEATH**

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1003B

City St. Louis (No. 1021)

City Hospital

File No. ....

Registered No. 4090

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 3916 Virginia St. Ward. 16  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1932

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Kemlage

22. I HEREBY CERTIFY, That I attended deceased from April 17<sup>th</sup>, 1932 to April 24, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1871

I last saw him alive on April 24, 1932 Death is said to have occurred on the date stated above, at 10:05 am

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 7 18

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fur cleaner

Pulmonary Tuberculosis far advanced.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 248

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

Chr. Myocarditis

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

13. NAME Friederich Kemlage

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

15. MAIDEN NAME Catherine Weber

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

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Church DATE Apr. 27, 1932

19. UNDERTAKER (ADDRESS) G. H. Reckel & Co.

20. FILED APR 26 1932

Name of operation..... Date of.....

What test confirmed diagnosis? Chis 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?.....

If so, specify.....

(Signed) J. Reichner, M. D.

(Address) City Hosp

Registrar.

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.

