

DEC 23 1934  
DEC 23

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

Do not use this space.

41234

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1013**  
City **St. Louis Mo** (No. **4407**, **Wally ave**)

File No.....  
Registered No. **12270**  
St. .... Ward)

2. FULL NAME

**William F. Kahmann**

(a) Residence, No. **4407 Wally** St., **9** 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 **Male**  
4. COLOR OR RACE **White**  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Minnie O. Kahmann**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 30. 1872**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**61 10 23**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Salesman**  
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) **St. Louis Mo**

13. NAME **William F. Kahmann**

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

15. MAIDEN NAME **Fredericka Buelتمان**

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

17. INFORMANT **Miss Viola Kahmann**  
(ADDRESS) **4407 Wally ave**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Zion Cemetery** DATE **Nov. 26 1934**

19. UNDERTAKER **Wm. M. Schumacher**  
(ADDRESS) **4834 Neal Blvd**

20. FILED **NOV 24 1934**  
**J. F. Bredeck**  
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **NOV. 23**, 19 **34**

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **8.00 A.**

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

**Fractured Skull; Hemorrhage of Brain; received in fall down stairs at residence during the night of November 22, 1934.**

Date of onset

Other contributory causes of importance:

**1866**

Name of operation..... Date of.....  
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? **Accident** Date of injury **11/22/34**

Where did injury occur? **St. Louis, Mo.**  
(Specify city or town, county, and State)

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

Manner of injury **Home**  
**Fall**  
Nature of injury **Fractured Skull**

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....

(Signed) **Joseph P. Schuy**  
(Address) **1123 1/2 Wally 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.

