

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.

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

Do not use this space.

OCT 5 1936

35682

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Barnes Hosp**)..... St. Ward)

File No.
 Registered No. **9300**

2. FULL NAME **Willie Kehmman**

(a) Residence, No. St. **NR** Ward. **Creeve Coeur Mo.**
 (Usual place of abode) (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 **Female** 4. COLOR OR RACE **White** 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) **July 16 1902**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 1 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at Home**
 10. Date deceased last worked at this occupation (month and year) **Jan. 1936** 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Stratman Mo**

FATHER
 13. NAME **Martin Kehmman**

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

MOTHER
 15. MAIDEN NAME **Lina Allegier**

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

17. INFORMANT **Archie Kehmman** (ADDRESS) **Stratman Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cr. St. Pauls** DATE **9-10-1936**

19. UNDERTAKER **Baumman Bros Inc** (ADDRESS) **Overland Mo**

20. FILED **SEP 8 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 6 1936**

22. I HEREBY CERTIFY, That I attended deceased from **July 30 1936** to **September 7 1936**

I last saw h. **CR** alive on **September 7, 1936**. Death is said to have occurred on the date stated above, at **5:25** a.m.

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

Subacute Bacterial Endocarditis
Rheumatic Heart Disease

Date of onset

Other contributory causes of importance: **95%**

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) **Chas. L. Houghton**, M. D.
 (Address) **BARNES HOSPITAL**

