

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

Do not use this space.

JAN 20 1937

46404

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1008
(No. Josephine Hospital)

File No.
Registered No. 12191
St. Ward

2. FULL NAME Laverne Kammer

(a) Residence, No. 4472 A Arco Ave. St. 18 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert A. Kammer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 3 25

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

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

FATHER 13. NAME Anthony Hoffman

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

MOTHER 15. MAIDEN NAME Stella Keightly

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

17. INFORMANT Albert A. Kammer (ADDRESS) 4472 A Arco Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter & Paul DATE 12-14 1936

19. UNDERTAKER Kriegshauser Mortuaries (ADDRESS) 4104 Manchester Ave.

20. FILED DEC 11 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1936, to Dec. 10, 1936

I last saw her alive on Dec 10, 1936. Death is said to have occurred on the date stated above, at 7:45 P.M.

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

Streptococcus Infection Date of onset
Blister Bl. Throat
1946
Other contributory causes of importance:
Streptococcus Septicemia

Name of operation Cus. culture Streptococcus 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 12-12, 1936

Where did injury occur? at home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Blister of Bl. Throat carrying
Nature of injury Coachbucket

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

(Signed) D. Gustaf Dahms, M. D.
(Address) 1452 So Grand

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.

Dr. Dahms

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No 2200
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