

AUG - 5 1937

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

Do not use this space.

25713

1. PLACE OF DEATH

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

2
1
791
1003
Registration District No.
Primary Registration District No.
4008 Penrose Street

File No.....
Registered No. 6887
St. Ward)

2. FULL NAME

ZERELDA L. KELLERMANN,

(a) Residence, No. 4008 Penrose Street St. 10 Ward.

(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) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William F. Kellermann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2. 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 6 14

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

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) St. Louis Mo.
(STATE OR COUNTRY)

13. NAME Adolph Cayou

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

15. MAIDEN NAME Mary Ellen Teason

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

17. INFORMANT Miss Pearl E. Kellermann
(ADDRESS) 4008 Penrose Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE July 19, 1937

19. UNDERTAKER Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED JUL 19 1937 J. T. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 14th 37 to July 16th 37
I last saw h^e alive on July 16th 37. Death is said to have occurred on the date stated above, at 3:00 A. M.

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

"Chronic Myocarditis"
Date of onset 4/15/37

Other contributory causes of importance:

Chronic Arteritis
a. Arteriosclerosis
Date of onset 4/15/37

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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 1
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) J. T. Predeck, M. D.

(Address) 4244 N. Florissant

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.

899
1937

