

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.

33120

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. Deslodge Hospital)

791

1008

File No.....

Registered No.....

9174

St.....

Ward.....

2. FULL NAME

Ewald Kellman

Ewald H. Kellman

(a) Residence, No. 4452 Arco Ave.

St. 18 Ward. —

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs.

mos. 1 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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Amanda Kellman

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

Sept. 27, 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

60

—

—

1

OCCUPATION

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

Dairyman

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.

FATHER

13. NAME

Herman Kellmann

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

Germany

MOTHER

15. MAIDEN NAME

Catherine Esser

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

Germany

17. INFORMANT
(ADDRESS)

Harold E. Kellman

1431 Claytonia

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Peters Cem.

DATE

Oct. 1, 1937,

19. UNDERTAKER
(ADDRESS)

Wm. F. Paschedag

2825 N. Grand Blvd.

20. F.

SEP 30 1937

J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from

9/25

, 1937, to

9/28

, 1937.

I last saw him alive on

9/28

, 1937.

Death is said

to have occurred on the date stated above, at 4:15 a.m.

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

1. Obstructive jaundice

Date of onset

Other contributory causes of importance:

1. Exploratory laparotomy &
H. B. drainage with gall stones

Name of operation

Small bladder drainage

date of 9/28/37

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?..... 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)

A. C. Forster

M. D.

(Address) Thomas Deslodge Hospital

