JAN 15 1938

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

44777
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No.
(b) Township Primary Registration District No. 100 Registered No. 1382
(c) City St. Joseph, (d) Street No. 221 South 19th. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry A. Kellermeyer,
(a) Residence, No. 221 South 19th. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Emma Kellermeyer,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1865

7. AGE: Years 72 | Months 9 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Wholesale, Dry Goods,
10. Date deceased last worked at this occupation (month and year) December 1927
11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster, Illinois,

FATHER
13. NAME Casper H. Kellermeyer,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

MOTHER
15. MAIDEN NAME Josephine Kippenbrock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

17. INFORMANT Mrs. Henry Kellermeyer
(ADDRESS) 221 So. 19th. Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem. DATE Dec. 20th, 37

19. FUNERAL DIRECTOR Heaton-Bigale & Bowman
(ADDRESS) 319 So. 10th. Str. Funeral Home

20. FILED 12-20, 1937 H. J. Westhelmer
By J. C. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18th. 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-30 1937, to 12/18 1937
I last saw him alive on 12-9 1937. Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:

Endocarditis — Date of onset unknown

B!

Other contributory causes of importance:
Nephritis chr. — unknown

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) C. S. Dawson, M. D.
(Address) 620 Francis St.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-36-57 I X12004

STATEMENT BY LICENSED EMBALMER

I, J Harold Bowman, Licensed Embalmer No. 3619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed J Harold Bowman

Licensed Embalmer No. 3619

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)