

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

Do not use this space.

3913

File No. _____
Registered No. 14 _____
St. _____ Ward _____

1. PLACE OF DEATH
92 County St. Charles Registration District No. 757
4 Township _____ Primary Registration District No. 2036
3 City St. Charles (No. St. Joseph's Hospital) _____
2. FULL NAME Josephine Kammann 515 _____
(a) Residence, No. St Charles St. _____ Ward _____
(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Kammann deceased</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 8 - 1858</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>1</u>	<u>17</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>			
	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) <u>Hamburg Mo</u>				
MOTHER	13. NAME <u>Hect</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Rath</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hamburg Mo</u>			
17. INFORMANT <u>Oscar Kammann</u> (ADDRESS) <u>St Charles Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL - ST. PETERS CEMETERY PLACE <u>St Charles Mo</u> DATE <u>Jan 19 1938</u>				
19. UNDERTAKER <u>Oakliff</u> (ADDRESS) <u>2000 S. Main St. Mo</u>				
20. FILED <u>1/27</u> <u>38 Clarence P. Hessler</u> Registrar				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25-38 .19

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest _____, 19____, to 1-25-38 _____, 19____.

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9 P m.

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

Pulmonary Embolism. Date of onset _____

Other contributory causes of importance:

Pulmonary Edema
Arteriosclerosis.
Chronic Endocarditis.

Name of operation _____ Date of _____
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? No
If so, specify _____
(Signed) John P. Bue 4 ###
179 (Address) Coroner St. Charles Co Mo. ###

Every year 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.

RECEIVED

FEB 28 1938

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