

FEB 16 1938

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

4175
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
(b) Township Carondelet Primary Registration District No. _____ Registered No. 124
(c) City St. Mary Mo. (d) Street No. Route #. II Mattasemo 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Katie Kassebaum #15

(a) Residence, No. Route # II St. Lemay, Missouri
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 0 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) New York City N.Y.

FATHER 13. NAME John Brummer

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Waldo Will
(ADDRESS) RFD, Mehlville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Johns Cem. Jan. 19 1938

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway

20. FILED 1-18 THEODORE R. MEYER Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17 1938

22. I HEREBY CERTIFY, that I attended deceased from Apr 2, 1937, to Jan 17, 1938
I last saw h. w. alive on Jan 16, 1938. Death is said to have occurred on the date stated above, at 5.20 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Wald
Other contributory causes of importance:
Goiter (Toxic)

Name of operation _____ 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 _____, 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?
Also, specify (Signed) Waldo Will, M. D.
(Address) Lemay, Mo.

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.

STATEMENT BY LICENSED EMBALMER

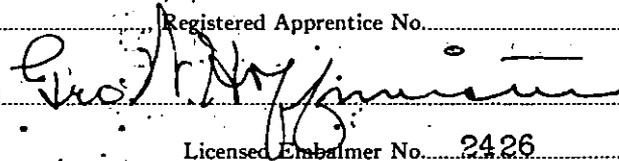
I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by LC? Hoffmeister 3871

V. Berrymann #4018 L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 2426

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.)