

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

9214
Do not use this space.
2803

REC'D APR 11 1938

791
1003

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003
(b) Township _____ Primary Registration District No. _____
(c) City St. Louis (d) Street No. 5769 Kingsbury Registered No. 452
(If death occurred on 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. 10 How long in U. S., or of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Paul Cehlms (Cehlms)
(a) Residence, No. 5769 Kingsbury St. 5 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) St. Louis Mo
13. NAME Carl Henry Cehlms
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo
15. MAIDEN NAME Gertrude Willmeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo
17. INFORMANT (ADDRESS) Carl H. Cehlms 5769 Kingsbury St. Louis Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Mo DATE March 25, 1938
19. FUNERAL DIRECTOR (ADDRESS) J. P. Bellmeyer, St. Charles Mo
20. FILED MAR 24 1938 J. P. Buebeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23rd, 1938
I HEREBY CERTIFY, That I attended deceased from March 17th, 1938 to March 23rd, 1938
I last saw him alive on March 23rd, 1938 Death is said to have occurred on the date stated above, at 11⁰⁰ A.M.
The principal cause of death and related causes of importance were as follows:
Congenital Heart Date of onset Mar 17
151
Other contributory causes of importance:
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 Walter Gumbel M. D.
(Signed) _____ (Address) 50054

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, John E. Dallmeyer, Licensed Embalmer No. 2951

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed John E. Dallmeyer
Licensed Embalmer No. 2951

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.)