

REC'D MAY 16 1938

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

Do not use this space.

14575

**1. PLACE OF DEATH**

County Franklin  
 Township Boeuf  
 City Berger (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 292  
 Primary Registration District No. 5-4-10

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME** HENRY KALLMEYER

(a) Residence, No. Berger, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS****MEDICAL CERTIFICATE OF DEATH** 1:30 PM

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda Witthaus Kallmeyer

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 '37, 1937, to May 7, 1938  
 I last saw him alive on May 7, 1937. Death is said to have occurred on the date stated above, at 11:30 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1859

The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis Date of onset \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
79 3 15

Other contributory causes of importance: asthma

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) X  
 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) Berger, Mo. (STATE OR COUNTRY) 013. NAME Frank Kallmeyer 1014. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 1015. MAIDEN NAME Speaker16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)17. INFORMANT Mrs. Henry Kallmeyer (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Evang. St. John DATE May 10, 1938 Berger, Mo.19. UNDERTAKER Jeffie Graumann (ADDRESS) Berger, Mo.20. FILED May 10, 1938 Jeffie Graumann Registrar. 215

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?  
 If so, specify \_\_\_\_\_

(Signed) C. P. Pace D. O. M. D.  
 (Address) Berger, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION

