

DECEMBER 16 1938

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

34117
Do not use this space.

791

1003

Registered No. 9103

1. PLACE OF DEATH

(a) County Registration District No. 2
(b) Township Primary Registration District No. 1
(c) City St. Louis (d) Street No. 3931 Bowen St.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 ⁴⁵ Wilhemina Kahlmeyer

(a) Residence, No. 4202 Sarpy Ave. St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1938, to Oct 18, 1938
I last saw her alive on Oct 18, 1938. Death is said to have occurred on the date stated above, at 2:38 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1875

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 0 21

Reliminary Order Date of onset 10-17-38

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

Other contributory causes of importance:
by Nephritis 10-11-38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.

Name of operation Date of
What test confirmed diagnosis? Chemical Was there an autopsy? No

FATHER 13. NAME John Eith

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

MOTHER 15. MAIDEN NAME Agatha Unknown

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

17. INFORMANT John Kahlmeyer
(ADDRESS) 4202 Sarpy Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Peter & Paul DATE 10-21 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuary
4228 So. Kingshighway

20. FILED 10-19-38 19. J. Bredeck
Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) J. Bredeck M. D.
(Address) 3320 Lo Grand

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Edwin M. Stewart

Licensed Embalmer No. *3024*

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.