

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37174
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003
(b) Township St. Louis Primary Registration District No. 9501
(c) City St. Louis (d) Street No. 5220 Tamm Avenue, St. 14
(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 Celestine Cammann

(a) Residence, No. 5220 Tamm Ave. St. 14
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry J. Cammann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1849

7. AGE YEARS 89 MONTHS 3 DAYS 27 If LESS than 1 day,hrs. ormin.

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) Germany

FATHER 13. NAME Michael Dittlinger

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

MOTHER 15. MAIDEN NAME Madaline Dore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace-Lorraine

17. INFORMANT Fred A. Cammann (ADDRESS) 5220 Tamm Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pl. DATE 11/3/38

19. FUNERAL DIRECTOR (NAME) J. L. Ziegenhein & Sons (ADDRESS) 7027 Gravois Ave.

20. FILE NOV 1 1938 J. T. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31st 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 5th, 1938, to Oct 31st, 1938

I last saw her alive on Oct 31st, 1938 Death is said

to have occurred on the date stated above, at 5 0 m.

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

Chronic myocarditis
& Coronary Thrombosis
three or four yrs -

Date of onset

Other contributory causes of importance:

Arterio sclerosis

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? No

If so, specify Thos. W. Engelmann, M. D.

(Signed) Thos. W. Engelmann, M. D. (Address) 5043 Vernon Ave.

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 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 *Clarence P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *6937^a Grand*

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.