

REC'D FEB 10 1939

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

560
Do not use this space.

1. PLACE OF DEATH

(a) County..... 1 Registration District No. 791
(b) Township..... Primary Registration District No. 1003 Registered No. 560
(c) City ST LOUIS MO (d) Street No. DE PAUL N.D.S.P. 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

456 BABY KAHLMEYER
(a) Residence, No. 3865 JUNIATA St. 16
(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 <u>FEMALE</u> | 4. COLOR OR RACE <u>WHITE</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JAN 17 1938</u> | | |
| 7. AGE YEARS | MONTHS | DAYS If LESS than 1 day, <u>4 hrs.</u> or <u>4</u> min. |
| OCCUPATION | 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. | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation <u>16</u> |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ST LOUIS MO</u> | | |
| FATHER | 13. NAME <u>BERNARD KAHLMEYER</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ST LOUIS MO</u> | |
| MOTHER | 15. MAIDEN NAME <u>MARY CREAM</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ST LOUIS MO</u> | |
| 17. INFORMANT (ADDRESS) <u>BERNARD KAHLMEYER 3865 JUNIATA</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CALVARY</u> DATE <u>JAN 18 - 1939</u> | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>KRIEGER, SHAEFER AND CO 412 S. D. KING HIGHWAY</u> | | |
| 20. FILED <u>JAN 18 1939</u> <u>J. D. Bunker</u> Local Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17 1939, to Jan. 17 1939
I last saw her alive on Jan. 17 1939 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Premature baby 7 1/2 months
Other contributory causes of importance:
Placenta Praevia

Name of operation..... Date of.....
What test confirmed diagnosis? no Was there an autopsy? no

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.....
(Signed) Frederick V. Emigert M.D.
(Address) 713 Metropolitan Bldg

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

Licensed Embalmer No.....

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.