

REC'D MAY 10 1939

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

12810
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **5882 Highland Ave.** Registered No. **3152**
 (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 **Katherine Kellmann**

(a) Residence, No. **5882 Highland Ave.** St. **6**
 (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Herman Kellmann deceased**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 12, 1849**

7. AGE YEARS **89** MONTHS **7** DAYS **20** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 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) **Germany** (STATE OR COUNTRY) **6**

FATHER 13. NAME **John Esser**
 14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY) **6**

MOTHER 15. MAIDEN NAME **Unknown** **6**
 16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **Mrs. Clara Sommer (daughter)** (ADDRESS) **5882 Highland**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters Cem** DATE **April 4, 1939**

19. FUNERAL DIRECTOR (NAME) **Bromschwig Und Co** (ADDRESS) **4746 W. Florissant**

20. FILED **APR 3 1939** **J. B. Budek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 1, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 10, 1939**, to **April 1, 1939**
 I last saw him alive on **April 1, 1939**. Death is said to have occurred on the date stated above, at **12 P. M.**

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

**Septicemia
 Infectious Mononucleosis
 Endocarditis**

Date of onset **Feb 20 1939**

Other contributory causes of importance:
**Arteriosclerosis
 Chronic Bronchitis**

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 (Signed) **J. B. Budek**, M. D.
 (Address) **3833 W. 4th St. St. Louis**

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.....

Guy W Wilkinson

Licensed Embalmer No.....

3575

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.