

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

16495
Do not use this space.
4029

REC'D JUN 12 1939

791
1003

1. PLACE OF DEATH

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No.....

(c) City..... St. Louis Mo. (d) Street No..... St. Lukes Hospital. 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 Clara Kollmeyer

(a) Residence, No. St. Farmington Mo.

(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) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1st, 1891.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	47	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. H. wife.

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) Farmington Mo.

FATHER

13. NAME William Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Mo.

MOTHER

15. MAIDEN NAME Anne Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Mo.

17. INFORMANT Henry Kollmeyer (ADDRESS) Farmington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington Mo. DATE May 2nd., '39

19. FUNERAL DIRECTOR (NAME) Neidert (ADDRESS) Farmington Mo.

20. FILED MAY 1 1939 J. P. Buehler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR. 30 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-25, 1939, to 4-30, 1939

I last saw her alive on 4-29, 1939 Death is said to have occurred on the date stated above, at 4:30 am.

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

Subdural Hematoma
Cerebellar
Non malignant

Date of onset

Other contributory causes of importance: 79a

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? Ye

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

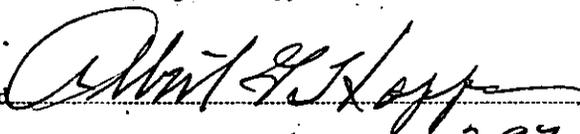
24. Was disease or injury in any way related to occupation of deceased?
If so, specify T. M. Kleuse, M. D.
(Signed) (Address) Beaumont Bldg.
St. Louis Mo.

U. S. N. 50M-6-19-36 I X16405

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. 2971.....

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.