

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41595
Registrar's No. 10718

Registration District No. 191 Primary Registration District No. _____

1. PLACE OF DEATH: 1008

(a) County St. Louis MO
(b) City or town St. Louis MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-6-39-12-12-39
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Amalia Kallmeyer
8. (b) If veteran, name war NONE
8. (c) Social Security No. NONE

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Otto Kallmeyer
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased June 18-1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name Gottlieb Gockenbach
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Gelger
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Otto Kallmeyer
(b) Address #7316 Kingsbury
17. (a) Cremation (b) Date thereof 12-16-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nashalla Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address #7233 Delmar Blvd.
19. (a) DEC 15 1939 (b) J. Braduch
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town ST. LOUIS UNIVERSITY CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 7316 Kingsbury
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day Fifteen
year 1939 hour three minute 43 A.M.

21. I hereby certify that I attended the deceased from December 6, 1939, to December 15, 1939;
that I last saw her alive on December 15, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 4 days

Due to appendectomy

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations acute appendicitis

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(f) Means of injury _____

23. Signature Joe M. Parker (M. D. or other) MD
Address BARNES HOSPITAL Date signed 12/15/39

Dr. Joe M. Fawcett (Barner Hosp)

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.....

Don Muschay, Registered Apprentice No. EF 719
working under my personal supervision.

Signed Clarence H Murray
Licensed Embalmer No. 40110
P. O. Address St Louis Mo

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.