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FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9246

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 2729

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(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: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Rural Route- New Haven, Mo.
(If outside city or town limits write "RURAL")

(d) Street No. New Haven, Mo. NR
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JULIUS WILLIAM KALLMEYER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or~~ wife Tillie Rathert Kallmeyer

6. (c) Age of ~~husband or~~ wife if alive 54 years

7. Birth date of deceased Dec. 27, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	2	24	hr. min.

9. Birthplace Berger, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Kallmeyer
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nee Guye
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Julius Kallmeyer
(b) Address New Haven Mo R+D

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. 24, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Senate Grove, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAR 23 1940 (Date received local registrar) (b) J. F. Bulbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 4, 1940 to March 21, 1940
that I last saw him alive on March 21, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General Abdominal Carcinomatosis of upper abdomen	2 mo
Due to: Carcinoma of Liver (Primary)	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature G. R. Shuffler (M. D. or other)
Address 1026 Mo Theatre Bldg Date signed 3-23-40

(Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Hoffer

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.