

No. 2  
-11-10-39  
5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED APR 23 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12208

State File No. \_\_\_\_\_

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 60

1. PLACE OF DEATH:

(a) County St Charles  
(b) City or town St Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  (Specify whether \_\_\_\_\_)  
In this community Life-Time years, months or days

3. (a) PRINT FULL NAME Joseph Kellerhaus #62

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 7 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>0</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Laborer American Tdy Co

11. Industry or business Plumbing

12. Name Bernard Kellerhaus

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Kellerhaus

(b) Address St. Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/40  
(Month) (Day) (Year)

(c) Place: burial or cremation St Charles Coroner Cem

18. (a) Signature of funeral director H. G. Dallmeyer  
(b) Address St Charles Mo 679

19. (a) 3/29/40 (Date received local registrar) (b) Clarence G. Heiser (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles  
(c) City or town St Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1205 N 3rd St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

CORONER'S CERTIFICATION

20. DATE OF DEATH: Month March day 27th  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 28, 1940  
held inquest March 28, 1940

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death self inflicted incision of the throat by means of pocket knife severing the larynx and trachea.  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 168

Major findings: Of operations \_\_\_\_\_

Of autopsy NO

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) Suicide

(b) Date of occurrence March 27, 1940

(c) Where did injury occur? Missouri River bank  
St. Charles (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Missouri River Bank

(e) Means of injury self inflicted  
While at work? \_\_\_\_\_

23. Signature John Buse (M.D. or other) st  
Address Coroner, St. Charles, Missouri Date signed 3/28/40

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

MOTHER FATHER

---

---

**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 \_\_\_\_\_

*John B Dallmeyer*

Licensed Embalmer No. 2951

P. O. Address St Charles 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.**