

S. No. 2
DM-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19012

State File No.

FILED MAY 29 1943

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1233

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton Twp. Rural.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Creve Coeur Lake 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution _____ (Specify whether

In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Harold A. (Bud) Kaemmerer

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Late Mary A. Kaemmerer

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Nov. 19th 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
38	6	4	hr. min.

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

10. Usual occupation Clothing Salesman

11. Industry or business J.B. Simpson Co.

FATHER
MOTHER

12. Name Anthony Kaemmerer

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth M. Dietz

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Anthony Kaemmerer

(b) Address 2850 Goodfellow Ave.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 5-28-43
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 26 1943
(Date received local registrar)

(b) C. J. McLaughlin
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5090 Washington
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1943 hour 12:05 minute A.M. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally drowned in Creve Coeur Lake.

Due to _____

Due to _____

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

Major findings:
Of operations 183-3

Of autopsy 183-3

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) Accident.

(b) Date of occurrence May 23, 1943

(c) Where did injury occur? Creve Coeur Lake, Mo.
(City or town) (County) (State)

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

23. Signature Louis H. H. off
(Specify type of place) (e) Means of injury

Address Kirkwood, Mo. 5-25-43 Date signed _____

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

101 12105

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 Richard W. Stoussard

Licensed Embalmer No. 4007

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, fact should be so stated above.