

X32873

FILED JUL 8 1943  
Registration District No. 277

Primary Registration District No. 6076

Registrar's No. 1505

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town St. Florissant  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000  
 (a) State Missouri (b) County 17  
 (c) City or town St. Louis 9  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5018 Ruskin Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arnold Henry Kaimann  
 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, divorced Married  
 6. (b) Name of husband or wife Fanny Kaimann 6. (c) Age of husband or wife if alive 52 years  
 7. Birth date of deceased Nov. 11. 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 7 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Salesman

11. Industry or business Interwoven Stocking Co.

12. Name Arnold Kaimann

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Bockwinkel

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fanny Kaimann

(b) Address 5018 Ruskin Ave.

17. (a) Burial (b) Date thereof 6/30/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. A. Stock  
 (b) Address 2117 E. Grand Blvd.

19. (a) JUN 30 1943 (b) C. D. McClary, MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
 year 1943 hour 6:00 minute \_\_\_\_\_ P. 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 Committed suicide by drowning. Duration

Due to Adv. putrefaction with liquefaction of brain; Coronary sclerosis; Arteriosclerotic kidneys.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy Yes.

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) Suicide  
 (b) Date of occurrence June 27, 1943  
 (c) Where did injury occur? Cold Water Creek  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
 While at work? \_\_\_\_\_  
 23. Signature Louis H. Boyer M. D. (or other) \_\_\_\_\_  
 Address Kirkwood, Mo. Date signed 6-29-43

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

JUL 12 1949

JUL 23 1949

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 *Frank A. Moore*  
Licensed Embalmer No. *3041*  
P. O. Address *2117 E. Grand*

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.