S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23153

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6946

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5712 Pernod /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) Unknown
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis, 914
(If outside city or town limits, write "RURAL")
(d) Street No. 5712 Pernod
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Kammer

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 Widowed

6. (b) Name of husband or wife Anna Kammer

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

7. Birth date of deceased December 16, 1861 (Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 14 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business McQuay-Norris Co.

MOTHER FATHER

12. Name Max Kammer

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

14. Maiden name Unknown

15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Edward Kammer
(b) Address 3544 Nebraska Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 2 43 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Fischer-Kelderle Fnd. Co.
(b) Address 3634 Gravois Ave.

19. (a) AUG 31 1943 J. F. Bredeck
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1943 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 12 1942 to July 30 1943 that I last saw him alive on July 29 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach — Duration 11 Months

Due to —

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 Fred W Rolling (M. D. or other)
Address 2625 Sidney St. Date signed 7-30-43

044

(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 Robert Wheeler

Licensed Embalmer No. 2128

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, fact should be so stated above.