S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 521

FILED FEB 11 1944 8
Registration District No.

Primary Registration District No. 1003

Registrar's No. 895

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Since Birth (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8833 Partridge Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William J. Kaimann

3. (b) If veteran, name war None

3. (c) Social Security No. 495-18-2325

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marguerite A. (nee Maunder)

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Jan. 29, 1891 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	11	29	hr. min.

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

10. Usual occupation Proprietor

11. Industry or business Motion Picture Theatre

FATHER
12. Name Stephen Kaimann
13. Birthplace Old Monroe (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Anna Stratman
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Marguerite A. Kaiman
(b) Address 8833 Partridge Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) JAN 28 1944 (Date received by registrar) (b) J. F. Busch (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27th year 1944 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Bullet wound of skull and brain, self inflicted with a gun in his automobile in O'Fallon Park, around 8:30 P.M., Jan. 26th, 1944. SUICIDE WHILE SUFFERING A TEMPORARY MENTAL ABERRATION. (Duration)

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) Suicide
(b) Date of occurrence 1-26-1944
(c) Where did injury occur? St. Louis, Mo. (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)
While at work? no (e) Means of injury gun

23. Signature Alfred Pierce (M. D. or other)
Address Deputy Coroner Date signed 2/8/44

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 Wilford E Burnley

Licensed Embalmer No. 4202

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.